

Garbage Service Form

Account Number: _____

Service Address: _____

Customer Name: _____

Date: _____

Residential Commercial

TRASH CART REQUEST

Add Additional Cart(s): _____ (number of carts requested)

Remove Cart(s): _____ (number of carts to remove)

ACKNOWLEDGEMENT

I, the undersigned, request the above changes to my garbage service with the City of Freeport Utilities. I understand that additional carts will result in additional fees and removed carts will adjust my monthly billing accordingly.

Customer Signature: _____

OFFICE USE ONLY

Received By: _____

Date Entered: _____