CONTRACT FOR SERVICE

|  |  |
| --- | --- |
| Town of Cashion | Account # |
| Name of Responsible Party: | Social Security #: |
|  |  |
| Service Address: |  |
| Mailing Address: |  |
| Phone # | Alternate Phone # | Have you had service with us before?  |
|  |  | Yes No |
| Spouse/ Co Occupants Name: | Spouse/ Co-Occupant Phone #  |
|  |  |
| Renter |  | Landlord Name: |  |
| Owner |  | Landlord Number: |  |

DEPOSITS

|  |  |  |  |
| --- | --- | --- | --- |
| Water Deposit | Gas Deposit | Trash Deposit(No-Town Residents) | Amb Sub Program  |
| Renter | $75 |  | $125 |  | $50 |  |  Yes No\*this is a monthly fee of $7/mo to participate |
| Owner | $50 |  |

Date of Deposit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refund Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  **Note** | All bills are due on the 10th of each month. If payments are not received by the due date, any unpaid bill will receive a 10% penalty. |

The undersigned agrees to pay the established rates set forth by the Town of Cashion ordinances and agrees to regulations governing said services. This application becomes a contract upon the establishment of service.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*All Applicants must provide photo Identification\*\*\*

Inactive Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOWN OF CASHION ACTION REQUEST FORM**

|  |  |
| --- | --- |
| Today’s Date: | Effective Date: |
|  |  |
| Customer Name: | Phone Number: |
|  |  |
| Service address ( Street, City, State, Zip): |
|  |
| Container Size | Number of Pick-ups |
|  |  |

 Start Service – Residential / Commercial / Rural

 Stop Service-Residential / Commercial / Rural

 Increase – Residential / Commercial / Rural

Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Decrease – Residential / Commercial / Rural

 Needs a Cart No Cart Needed

 Missed Pick-up Extra Pick-Up

Poly Cart Code \*\*\*\* PC=Residential Poly RPC=Rural Poly CPC=Commercial Poly

|  |
| --- |
| Special Instructions |
|  |

 Emailed \_\_\_\_\_\_\_\_\_\_\_@vetwasteok.com

 Emailed \_\_\_\_\_\_\_\_\_\_@vetwasteok.com