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