



**Customer Contact Information Form for Doyle/Herlong Area**

1. Customer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Service Address: \_\_\_\_\_

\_\_\_\_\_

3. Billing Address: \_\_\_\_\_

\_\_\_\_\_

4. Service Type (*Check box that applies*): Residential \_\_\_\_ Commercial \_\_\_\_

5. Size of Rolling Trash Cart/Bin: \_\_\_\_ or Number of Private Cans Used: \_\_\_\_  
(*Write in correct amount on the either line*)

***Note: Use of private cans is being discontinued. A rolling cart with the equivalent capacity will be delivered.***

6. Frequency of Service (*Check box that applies and circle day of week*):

Once per Week \_\_\_\_ Day of Week: Mon / Tue / Weds. / Thurs. / Fri.

More than Once per Week \_\_\_\_ Days of Week: Mon / Tue / Weds. / Thurs. / Fri.

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Please complete and return to us by October 1, 2011 to:

**C&S Waste Solutions**  
**P.O. Box 360**  
**Susanville, CA 96130**

or email to [Lasseninfo@CandSwaste.com](mailto:Lasseninfo@CandSwaste.com)

Your cooperation is appreciated