






NEW Residential Customer Information Form

PHONE: (530) 252-1200 / FAX: (530) 252-1255

Date: _____

Last Name _____ First _____

| | | | | | |
|---|---|---|--|---|---|
| Type of Service: <u>Cart (gallons)</u> (Please Circle) → Size: <u>35</u> , <u>65</u> or <u>95</u> (Includes 95 gl. Recycle Cart) |  | Bin (yards) Size: <u>1</u> , <u>2</u> , <u>3</u> , <u>4</u> or <u>6</u> Temp Bin: <u>3</u> or <u>6</u> |  | Roll-Off (yards) Size: <u>15</u> , <u>20</u> or <u>30</u> |  |
|---|---|---|--|---|---|

PHYSICAL Address: _____
 (Location carts will be placed)

City: _____ State: _____ Zip: _____

Type of Building: House / Duplex / Modular / Other: _____ Color: _____
 (Please Circle One)

**** If there is no address posted, PLEASE provide additional info/description ****

Phone: (_____) _____ Driver License: ID#: _____ State: _____

Mailing Address: (If different than physical) _____

City: _____ State: _____ Zip: _____

Additional Account Contact: (i.e. spouse): _____

Landlord/Property Owner: _____ Phone: _____ Self-Owned:

Customer Signature: _____ Date: _____

E-Statements: Please check if you would like to have your statements emailed instead of mailed. _____

Email Address: _____ (Please Initial)

(Please print clearly)

Office Use Only

Service Day: Mon Tue Wed Thur Fri

Route: R01 R02 R03 C01 C02 C03 B1

Service Type: _____

Cross Street: _____

Payment Amount: \$ _____

Entered by: _____