



Commercial Hand-collection Account Application

Date	Service name			
Service address				
Phone	(required) Email _		(required)	
Billing name				
Billing address			(required)	
Authorized account cont	act name			
Phone	(required) Email _		(required)	
· ·	rviced once per week; requ ts - \$46/month		d fee of \$25 per roll cart) on roll carts - \$63/month	
Recycling roll carts (serviced once per week; requires one-time prepaid fee of \$25 per roll □ One 65-gallon roll cart - \$36/month □ Two 65-gallon roll carts - \$40/m □ Three 65-gallon roll carts - \$57/month □ Four 65-gallon roll carts - \$64/m				
This service is only a container a Requests beyond the	ment must be completed by vailable to businesses und does not include yard aree roll carts require a conty replacement roll carts arts; a \$60.55 fee applies	trimmings collected mmercial dumpster	ate a 3-yard recycling tion service. or roll-off container.	
App The first month's service to Division's administration	olications can be submitted fee and applicable roll cart on building, 3720 Leroy Sc	d in person or via er fee MUST be paid i cott Drive, Decatur, I	nail. n person at the Sanitation	
Customer signature		Dat	Date	
For Office Use Only				
Form of payment	Cash □ Card □	$Check \; \Box$	Check #	
Customer #	Location # Service day(s)			
C.C. rep's signature	e Date			
Container delivery date _	W/O #	District	Route #	