



Chief Executive Officer  
Michael L. Thurmond

Board of Commissioners

District 1  
Robert Patrick

District 2  
Michelle Long Spears

District 3  
Vacant

District 4  
Steve Bradshaw

District 5  
Mereda Davis Johnson

District 6  
Edward "Ted" Terry

District 7  
Vacant

## Establishing Commercial Sanitation Collection Service

Dear Commercial Customer:

Thank you for your interest in establishing commercial sanitation collection service with us. We are delighted that you will join thousands of other businesses currently a part of our commercial customer base.

Attached is a commercial sanitation service application packet. Please complete all applicable forms in their entirety. Businesses seeking to establish service will be required to provide several documents to establish ownership and eligibility to be approved for a sanitation service account. Please see the document titled *Requirements for Establishing Commercial Sanitation Service* for more information on the requirements for establishing a commercial sanitation account.

Once completed, the new service application and supporting documentation can be emailed to [CommercialService@dekalbcountyga.gov](mailto:CommercialService@dekalbcountyga.gov); **OR** submitted in person at the Sanitation Division's administrative office, 3720 Leroy Scott Drive, Decatur, GA 30032; **OR** mailed to the Sanitation Division's administrative office; **OR** submitted via a secure drop box located outside the front entrance to the Sanitation Division's administrative office (visit [www.dekalbsanitation.com](http://www.dekalbsanitation.com) for more information).

The Sanitation Division continues to meet the challenges of an ever-increasing customer base, with a sustained focus on customer service excellence. Our approach to serving you is reflected in our primary mission of maintaining a culture of operational excellence, and as reflected in our Employee Creed of Service - A Tradition of Efficiency, Resilience, Accountability and Integrity.

Should you have any questions or concerns, contact our Customer Care team at 404-294-2900 or [CommercialService@dekalbcountyga.gov](mailto:CommercialService@dekalbcountyga.gov). On behalf of our various operational areas, we look forward to serving you.

At your service,

Tracy A. Hutchinson  
Division Director  
Sanitation Division ♦ Beautification Unit



Sanitation Division Administrative Office



3-yard container

Commercial Garbage Dumpster



CNG Station - Seminole Road Landfill



Sanitation Division CNG Fleet



Glass Recycling Program

### Customized Commercial Recycling Programs

- DeKalb County School District
- DeKalb Senior Center Recycling Program
- Institutions of Higher Education Recycling Program
- And more

## Commercial Account Application

Date  
 Service name  
 Service address  
 City/State Zip code  
 Billing name  
 Billing address  
 (if different than service location address)  
 City/State Zip code  
 Authorized account contact: Name  
 Phone Email

### Requested container size (check all that apply)

- 3-yard front-load dumpster
- 4-yard front-load dumpster
- 6-yard front-load dumpster
- 8-yard front-load dumpster
- County-provided 30-yard compactor
- Customer-provided 30-yard compactor

**Servicing frequency:** 1 2 3 4 5 6  
 (Number of days per week; please check one)

**Scheduled collection day (s):** Customers can be serviced up to six times per week; collection days will be determined the by commercial collection team and provided to customers.

One-time Container fee (\$150 per container): \$ + Monthly fee: \$  
 = **Prepayment total:** \$

Customer signature Date

*A site assessment must be completed by the Commercial Services team for all commercial container requests. A determination will then be made regarding the type of service appropriate for the location. Applicants can be submitted in person, or via email, payment has been received. Please make check/money order payable to the DeKalb County Sanitation Division.*

*Enclosure door must have a system in place to keep doors open while being serviced, otherwise customers will be required to sign a Hold Harmless Agreement.*

### For Office Use Only

Form of payment: Cash Card Check Check #  
 (Please circle one)  
 District Route Service day(s)  
 Customer # \_\_\_\_\_ Location #  
 C.S. Rep. signature Date  
 Container delivery date W/O#