

CITY OF WEST ORANGE, TEXAS

Application for Solid Waste Pickup Services

Date of application: _____

Name: _____

Driver's License # _____ DL State: _____

Is this residence owner-occupied? Yes No

Spouse or other occupant's name: _____

Home telephone # _____ Other # _____

Street address for service: _____

Mailing address for billing (*if different from above*): _____

Place of Employment: _____

Location of Employment: _____ Work telephone # _____

The monthly residential service rate is \$20.00 and can be paid monthly, quarterly (\$60.00), semi-annually (\$114.30) or annually (\$217.20). (Please note that those paying six months in advance receive a 5% discount off of the base rate, while those paying for twelve months receive a 10% discount off of the base rate.) Service rates are not prorated. Payment is due by the 1st day of each month. A \$5.50 penalty is added if not paid in full by 5:00 P.M. on the 15th of the month.

If you are interested in having your monthly bill automatically drafted from your bank account, please call City Hall @ 883-3468.

_____ *I do not want my home address, telephone number, driver's license number, amounts billed or collected, or other information provided on this application made available to the public upon request.*

_____ *I understand that as the primary account holder, I am responsible for the issued waste container, and that I agree to pay an agreed value of \$80 for the container if it is not returned upon cancellation of service or upon demand of a City Employee.*

_____ ***I understand that at such time that I need to discontinue service (whether moving to another residence in West Orange or outside the city) I must complete and sign a form stating such. Otherwise, my account will continue to be billed on a monthly basis and I will be responsible for the balance.***

Agreement & Acceptance by Applicant

City Employee Witness