



## Residential Service

New Customer Information / PH: (775) 553-2033 / FAX: (775) 727-5832

Date: \_\_\_\_\_

**Type of Service:** \_\_\_\_\_  
(Please Circle)      Cart      Bin      Roll-Off      Other \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

Phone: H/W: \_\_\_\_\_ C: \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License: State \_\_\_\_\_ ID# \_\_\_\_\_ DOB \_\_\_\_\_

Additional Account Contact if any (i.e. Spouse): \_\_\_\_\_

Landlord/Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Self-Owned

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Type of Building:** \_\_\_\_\_  
(Please Circle)      Modular Home: (Single/Double/Triple) / House / Apartment / Other: \_\_\_\_\_

Color: \_\_\_\_\_ Trim: \_\_\_\_\_

If address # is not posted, please provide additional info/description:  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E-Statements:** Please check if you would like to have your statements emailed instead of mailed. \_\_\_\_\_  
(Please Initial)

Email Address: \_\_\_\_\_  
(Please print clearly)

### Office Use Only

**Service Day:** Mon Tue Wed Thur Fri

**Route:** C01 C03 R01 R02 R03 R04

Service Type: \_\_\_\_\_

Cross Street: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Entered by: \_\_\_\_\_