



Residential Service

New Customer Information / PH: (775) 727-5777 / FAX: (775) 727-5832

Date: _____

<u>Type of Service:</u> <small>(Please Circle)</small>	Cart	Bin	Roll-Off	Other _____
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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: _____ <u>Type of Building:</u> Modular Home: (Single/Double/Triple) / House / Apartment / Other: _____ <small>(Please Circle)</small> Color: _____ Trim: _____ If address # is not posted, please provide additional info/description: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Customer Signature: _____ Date: _____

<input type="checkbox"/> E-Statements: Please check if you would like to have your statements emailed instead of mailed. _____ <small>(Please Initial)</small>
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: _____