



471-825 Diane Drive. / PO Box 270780
 Susanville, CA 96127
 Phone: (530) 252-1200 / Fax: (530) 252-1255

NEW Residential Customer Information Form

Date: _____

Type of Service: <u>Cart (gallons)</u> (Please Circle) → Size: <u>35</u> , <u>65</u> or <u>95</u>		Bin (yards) Size: <u>1</u> , <u>2</u> , <u>3</u> , <u>4</u> or <u>6</u> Temp Bin: <u>3</u> or <u>6</u>		Roll-Off (yards) Size: <u>15</u> , <u>20</u> or <u>30</u>	
Recycling Service: <u>YES</u> or <u>NO</u> (\$2.00 fee/month max) (Please Circle)		Greenwaste Service: <u>YES</u> or <u>NO</u> (Monthly: \$5.85 - Primary /\$8.89 Secondary) (Please Circle)			

Last Name _____ First _____

Additional Account Contact: (i.e. spouse): _____

Phone: (_____) _____ Driver License: ID#: _____ State: _____
 (Please provide a copy of photo ID)

E-Statements ONLY: Email Address: _____
 (Please print clearly)

Landlord/Property Owner: _____ Phone: _____ Self-Owned:

PHYSICAL Address: _____
 (Location carts will be placed)

City: _____ State: _____ Zip: _____

Type of Building: House / Duplex / Modular / Other: _____ Color: _____
 (Please Circle One)

**** If there is no address posted, PLEASE provide additional info/description ****

Mailing Address: (If different than physical) _____

City: _____ State: _____ Zip: _____

Customer Signature: _____ Date: _____

Office Use Only

Service Day: Mon Tue Wed Thur Fri

Route: R01 R02 R03 C01 C02 C03 B1

Service Type: _____

Cross Street: _____

Payment Amount: \$ _____

Entered by: _____

CREDIT CARD INFORMATION/TYPE: Visa MasterCard Discover AMEX

Credit Card #: _____ Exp. Date: ____ / ____ AMT Paid: \$ _____