






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>		<u>Bin (yards)</u>		<u>Roll-Off (yards)</u>	
Size:	<input type="checkbox"/> 35			Size:	<input type="checkbox"/> 1 <input type="checkbox"/> 4	Size:	<input type="checkbox"/> 15
(Select One)	<input type="checkbox"/> 65				<input type="checkbox"/> 2 <input type="checkbox"/> 6		<input type="checkbox"/> 20
	<input type="checkbox"/> 95				<input type="checkbox"/> 3		<input type="checkbox"/> 30
				Temp Bins:	<input type="checkbox"/> 3		
					<input type="checkbox"/> 6		
Recycling Service:	<input type="checkbox"/> <u>YES</u>			Greenwaste Service:	<input type="checkbox"/> <u>YES</u>		
(\$2.00 fee/month max)	<input type="checkbox"/> <u>NO</u>			(Monthly: \$6.25 - Primary / \$9.49 Secondary)	<input type="checkbox"/> <u>NO</u>		

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: _____

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

PHYSICAL Address: _____

(Location carts will be placed)

City: _____ State: _____ Zip: _____

Type of Building:

House / Duplex / Modular / Other: _____ Color: _____

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

Mailing Address: (If different than physical) _____

City: _____ State: _____ Zip: _____

Check box if you would **not** like to receive service alert text notifications.

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: \$ _____