



## Residential Service

New Customer Information / PH: (775) 372-1444 / FAX: (775) 727-5832

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

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

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

Phone: Home/Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

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

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

Type of Building:    Modular Home:    Single    Double    Triple    House    Apartment

Other: \_\_\_\_\_

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

If address number is not posted, please provide additional info/description:

\_\_\_\_\_

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

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

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

### Office Use Only

Service Day:   Mon   Tues   Wed   Thur   Fri   Route:   C01   C03   R01   R02   R03   R04

Service Type: \_\_\_\_\_ Cross Street: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Entered by: \_\_\_\_\_