

APPLICATION FOR WASTE CONTAINER
MACON COUNTY SOLID WASTE MANAGEMENT

(Please Print Legibly)

PROPERTY OWNER'S NAME: _____

MAILING ADDRESS: _____

PROPERTY OWNER'S TELEPHONE NUMBER: _____

EMPLOYER'S NAME: _____

EMPLOYER'S TELEPHONE NO. _____

OCCUPANT: _____ OCCUPANTS PHONE NO. _____

PHYSICAL LOCATION: _____

OCCUPANTS MAILING ADDRESS: _____

OCCUPANTS EMPLOYER: _____ PHONE NO. _____

CIRCLE ONE: HOUSE SINGLEWIDE DOUBLEWIDE

COLOR OF HOME: _____

HAS OWNER OR OCCUPANT EVER HAD AN ACCOUNT WITH US BEFORE? ____ YES ____ NO
IF YES, IN WHAT NAME _____

DO YOU HAVE AN ADDRESS SIGN AT THIS RESIDENCE? ____ YES ____ NO

I do hereby agree to pay Macon County Solid Waste Management \$_____ per month, per cart for garbage collection service. **I understand that it is my responsibility to notify the Commissioner's Office within 10 days if I move and to provide the county with a document from my power provider indicating that the power has been turned off at my residence.** I understand that if I do not notify the Commissioner's Office within the specified time that I will continue to be bill and I will be responsible for the charges.

BILLS ARE MAILED AT THE END OF THE MONTH AND ARE DUE BY THE 10TH OF THE FOLLOWING MONTH.

APPLICANTS SIGNATURE (OWNER OF PROPERTY) DATE

OCCUPANTS SIGNATURE (TENNANT/RENTER) DATE

FOR OFFICE USE ONLY:

Date Cart delivered _____ Cart Number _____

Account Number _____