

CITY OF EAST BERNARD APPLICATION FOR TRASH SERVICE

Applicant:	
Mailing Address:	
Email:	_Phone:
LOCATION ADDRESS:	
Do you own or rent?	
Landlord's Name:	
Landlord's Address:	
Landlord's Phone:	
Signature:	Date:
Effective: Ap	oril 1 ^{st,} 2023
*New Service Deposit: \$117.00	
*A \$10.00 Late Fee will apply to all payments received after	5pm on the 15 th of each month.
*Repossession Fee: Balance Paid in Full + 2 additional mon	
OFFICE USE	ONLY:
65 OR OLDER VERIFICATION:	
Proof Used: DOB:	
Payment Plan: Monthly Quarterly	Yearly
SPECIAL REQUESTS:	
	City Staff