

COMMERCIAL SANITATION APPLICATION

Date: _____ Phone #: _____ Contact Person: _____

Business Name: _____ Attn: _____

Mailing Address: _____ Fed ID: _____

Soc Sec#: _____

LOCATION: _____

Requested Service Days: Mon Tues Wed Thur Fri Sat

Requested Container Size: 2 yard 4 yard 6 yard 8 yard Roll Cart (not all locations)

This is for: New Service Change Current Service(s)

Additional Remarks: _____

By signing this application for Sanitation Services, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The City of Greenwood has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If the City of Greenwood chooses to pursue debts owed by the applicant through the Setoff Debt Collection Act, the applicant agrees to pay all fees and costs incurred through the setoff process, including fees charged by the Department of Revenue, the Municipal Association of South Carolina, and the City of Greenwood. If the City of Greenwood chooses to pursue debts in a manner other than setoff, the applicant agrees to pay the costs and fees associated with the selected manner as well.

Signature: _____ Date: _____

For Office Use Only:

_____ New Service

_____ Discontinue Service

_____ Wants to Change Service

_____ Pickup for Nonpayment

_____ Release Form Signed

<u>Cart #</u>	<u>Container</u>	<u>Size</u>	<u>Pickup Day</u>	<u>Route</u>
_____	_____	_____	Mon _____	_____
_____	_____	_____	Tue _____	_____
_____	_____	_____	Wed _____	_____
_____	_____	_____	Thu _____	_____
_____	_____	_____	Fri _____	_____
_____	_____	_____	Sat _____	_____

Talked With: _____

Remarks: _____

Date: _____ Signature: _____

Month:

<u>Fees</u>	<u>Original Billing</u>	<u>Partial Month</u>	<u>Full Month</u>
Collection	_____	_____	_____
Landfill	_____	_____	_____
Total	_____	_____	_____

Updated By: _____ Date: _____