

CITY OF WINFIELD GARBAGE SERVICE APPLICATION

DATE _____ SOCIAL SECURITY # _____

FULL NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHYSICAL ADDRESS _____

HOME # _____ WORK# _____ CELL# _____

CIRCLE ONE: HOME/ APARTMENT/ MOBILE HOME/ BUSINESS

BUSINESS NAME(if applies) _____

Email Address: _____

___ I wish to receive my bill by email in place of regular mail.

___ I wish to sign up for autodraft today.

___ I wish to have a can delivered to my residence.(\$15 fee)

City Hall to complete section below:

___ Paid \$50 Account Origination Fee ___ Copy of Driver's License

___ Copy of Lease or Rental Agreement

ACCOUNT # _____ CAN # _____ DUMPSTER SIZE _____

DESCRIPTION OF SERVICE _____

PREVIOUS RESIDENT IF KNOWN _____