

CONTRACT FOR SERVICE

Town of Cashion		Account #	
Name of Responsible Party:		Social Security #:	
Service Address:			
Mailing Address:			
Phone #	Alternate Phone #	Have you had service with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Spouse/ Co Occupants Name:		Spouse/ Co-Occupant Phone #	
Renter		Landlord Name:	
Owner		Landlord Number:	

DEPOSITS

Water Deposit			Gas Deposit		Trash Deposit (No-Town Residents)		Amb Sub Program
Renter	\$75						<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner	\$50		\$125		\$50		*this is a monthly fee of \$7/mo to participate

Date of Deposit: _____ Refund Date: _____

Note	All bills are due on the 10th of each month. If payments are not received by the due date, any unpaid bill will receive a 10% penalty.
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The undersigned agrees to pay the established rates set forth by the Town of Cashion ordinances and agrees to regulations governing said services. This application becomes a contract upon the establishment of service.

Applicant Signature: _____ Date: _____

All Applicants must provide photo Identification

Inactive Date: _____

Initial readings:
Water: _____
Gas: _____

Final readings:
Water: _____
Gas: _____

TOWN OF CASHION ACTION REQUEST FORM

Waste Connections

Today's Date:	Effective Date:
Customer Name:	Phone Number:
Service address (Street, City, State, Zip):	
Container Size	Number of Pick-ups

Start Service – Residential / Commercial / Rural
 Stop Service-Residential / Commercial / Rural
 Increase – Residential / Commercial / Rural
 Decrease – Residential / Commercial / Rural
 Needs a Cart No Cart Needed
 Missed Pick-up Extra Pick-Up

Poly Cart Code **** PC=Residential Poly RPC=Rural Poly CPC=Commercial Poly

Special Instructions

Emailed Tom Michael

Emailed _____@wasteconnections.com