

CITY OF HARRISON

INLAND DUMPSTER REQUEST FORM

For In-House Use Only: _____ Account # _____

NAME: _____

SERVICE ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

BILLING ADDRESS: _____
STREET ADDRESS / PO BOX CITY STATE ZIP CODE

PHONE NUMBER: _____

SIZE OF CONTAINER:

OF TIMES PER WEEK PICKED UP:

2 YARD _____

1 _____

4 YARD _____

2 _____

6 YARD _____

3 _____

8 YARD _____

4 _____

5 _____

6 _____

Signature: _____

Name: _____

Date: _____

Please remove the dumpster at the above referenced service address. I understand that I am responsible for the balance for the remainder of the month.

By signing this document, I am agreeing to pay for trash service on my water bill to be billed by the City of Harrison. I am also aware this is a request document and Inland Service may be contacting me if this size is not available.

If you have questions regarding the service of trash pick-up, please call Inland Service at 204-6690. If you have billing questions, please contact the City of Harrison at 741-2655. Thank you!

Dumpster Set Date: _____

Approved by: _____