

CITY OF WINFIELD
GARBAGE ACCOUNT 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 BUSINESS ACCOUNT: _____

YES NO I WISH TO RECEIVE MY BILL BY EMAIL IN LIEU OF REGULAR MAIL.

IF YES, MY EMAIL ADDRESS IS : _____

YES NO I WISH TO SIGN UP FOR AUTODRAFT TODAY.

CITY HALL WILL COMPLETE SECTION BELOW:

YES NO \$50 ACCOUNT ORIGATION FEE PAID

YES NO COPY OF DRIVERS LICENSE

YES NO SIGNED COPY OF LEASE(IF RENTAL PROPERTY)

YES NO DELIVER CAN (\$15.00 FEE)

ACCOUNT # _____ CAN # _____ DUMPSTER SIZE _____

IF DUMPSTER, # OF PICK UPS PER WEEK: _____

NOTES: _____
