



**CITY OF DUBLIN SANITATION DEPARTMENT  
REQUEST FOR SERVICE**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Service requested:** \_\_\_\_\_ **Trash Trailer \$110.00**  
\_\_\_\_\_ **\$3.00 Daily Fee**  
\_\_\_\_\_ **Additional Pickup of Dumpster**

**I agree to pay the City of Dublin \$\_\_\_\_\_ for additional Sanitation Services rendered. This charge will cover the landfill tipping fee and handling charge. Bill is due within 30 days after receipt of service.**

**Tons:** \_\_\_\_\_ **@\$36.00 Per Ton \$** \_\_\_\_\_

**Handling Charge** \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Sanitation Department**

\_\_\_\_\_  
**Date**