Sanitation Request for Service

Applicant		
Name:		Date:
Telephone:	Cell Phone:	
Email:		
Mailing Address:		
City, State, Zip Code		
How would you like your Invoice?		
Email ◯ OR Mail ◯		
Service Requested:		
$_____ Roll Off ($200)	$_____Daily Fee ($5/day after 14 days of service)	$_____ 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.		
# of Tons: _____	$ _____ ($40/Ton)	
$ _____ - Handling Charge		
$ _____ - TOTAL DUE		

By signing below, the applicant certifies the information in this application is true and complete.	
Applicant Signature:	Date:

For office use

Accepted by: