



Sanitation Request for Service

Applicant		
Name:		Date:
Telephone:	Cell Phone:	
Email:		
Mailing Address:		
City, State, Zip Code		
EIN #:		
Drivers License #:		
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)	
\$ _____ - 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:
