

LANDLORD AGREEMENT AND TENANT REGISTRATION

RENTAL PROPERTY ADDRESS: _____

MOVE IN DATE: _____

TENANT #1 NAME: _____ DRIVER LICENSE # _____

PHONE NUMBER: _____ EMAIL: _____

MAILING ADDRESS: _____

TENANT #2 NAME: _____ DRIVER LICENSE # _____

PHONE NUMBER: _____ EMAIL: _____

TENANT #1 SIGNATURE: _____

TENANT #2 SIGNATURE: _____

OWNER/LANDLORD NAME: _____ DRIVERS LICENSE # _____

PHONE NUMBER: _____ EMAIL: _____

MAILING ADDRESS: _____

LANDLORD SIGNATURE: _____

This form is submitted to GCDES House-to-House Office in order to transfer the responsibility of Solid Waste Fees from the Owner/Landlord to the Tenant. The signatures on this form are acknowledgement of the responsibilities of the Tenant and the Owner/Landlord.

Tenants are responsible for paying the fees for the Solid Waste Service for the time that they are occupants of the address listed at the top of the page.

The Owner/Landlord acknowledges that the Tenant will be responsible for the fees for the time that the Tenant is the occupant of the residence. The Owner/Landlord is also responsible for collecting the tenant's correct information on this form and submitting it to our office in a timely manner.

When this Tenant is not legally registered with this form, the Owner/Landlord is fully responsible for the Solid Waste Fees and the assigned Trash Cart. The Owner/Landlord must pay the fees accrued when this tenant is not the occupant of the residence. If the residence is vacant and utilities have been turned off, GCDES will need to remove the cart in order to prevent additional charges. The Cancelling Trash Form can be submitted by the Owner/Landlord or by the Tenant in order to close out the associated account.

For copies of the applicable Ordinances, Forms, and the Rules and Regulations, please refer to our website:

<https://garlandcounty.org/264/House-to-House-Solid-Waste-Pick-up-Servi>.

(Office Use Only)		
LL Acct # _____	Property # _____	Zone/Day _____
LL PIN # _____	Cart/WO# _____	Deposit Checked _____
Tenant Account # _____	Start Date _____	Billed _____
Tenant PIN # _____	Initials _____	Scanned _____