

OWNER SERVICES FORM

Address of Property Receiving Services:

Date Taking Possession: _____

Billing Information

First Person	M.I.	Last Name	State and ID/DL Number (e.g. AR DL 999111444)
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Second Person	M.I.	Last Name	State and ID/DL Number (e.g. AR DL 999111444)
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Mailing Address (if Different from Service Address)

City	State	Zip
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() Cell Phone Number	() Alternate Phone Number
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Email Address

I own the above referenced property and am aware that I'm responsible for solid waste charges at this address as long as the trash cart is on site and/or assigned to this property. If there are any changes in the status of the property, it's my responsibility to notify the Solid Waste office about these changes. Failure to notify their office may result in charges for which I'm responsible, regardless of the occupancy or vacancy of the residence. My signature on this form is acknowledgement that I will need to pay these charges. I also understand that I will be unable to pay my property taxes until the solid waste charges are paid in full.

Thank you,
Garland County Department of Environmental Services
Solid Waste Division



First Owner's Signature



Second Owner's Signature

(Office Use Only)

Account # _____

Property # _____

Start Date _____ Billed _____

Zone/Day _____

PIN # _____

Cart/WO# _____

Initials _____

Deposit Checked _____ Scanned _____