



Solid Waste New Service Form
(Trash, Recycling, & Yard Waste)

5490 Fifth Street
Cottleville, Missouri 63304

Ph: 636-498-6565 x 203
lindsay.jones@cityofcottleville.com

PLEASE PRINT CLEARLY & REMIT WITH REQUESTED DOCUMENTS

IS THE HOME ADDRESS: Owned or Rented

LANDLORD'S NAME (if applicable): _____

LANDLORD'S MAILING ADDRESS: _____

LANDLORD'S PHONE # :() LANDLORD'S EMAIL ADDRESS: _____

RESIDENT'S NAME FOR BILLING: _____

SIGNIFICANT OTHER'S NAME (if applicable): _____

SERVICE ADDRESS: _____

SUBDIVISION: _____

PHONE #: _____

EMAIL ADDRESS: _____

MAILING ADDRESS (if different from service address): _____

MOVE IN DATE: _____

- IS DOOR SIDE COLLECTION NEEDED DUE TO A MEDICAL CONDITION OR SPECIAL NEEDS?
YES / NO -- if yes, please attach a doctor's note.
- AS OF TODAY, ARE YOU 65 YEAR'S OF AGE OR OLDER? If yes, please remit Cottleville's senior citizen discount application.
- ATTACH A PHOTO COPY OF YOUR CURRENT DRIVER'S LICENSE FOR YOUR ACCOUNT RECORD.

X _____
RESIDENT'S SIGNATURE

TODAY'S DATE

**** APPROVED CITY OCCUPANCY INSPECTIONS ARE REQUIRED EACH TIME A HOME CHANGES OWNER AND/OR RENTER. AN APPROVED OCCUPANCY INSPECTION IS REQUIRED BEFORE SOLID WASTE SERVICE IS CONNECTED ****

OP- _____
OCCUPANCY NUMBER APPROVED BY CITY STAFF SERVICE ACTIVATION DATE ACCOUNT NUMBER