

## **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 RE	QUESTED DOCUMENTS	
IS THE HOME ADDRESS: [] Owned or	[] Rented	
LANDLORD'S NAME (if applicable):		
LANDLORD'S MAILING ADDRESS:		
LANDLORD'S PHONE # :( )	LANDLORD'S EMAIL ADDR	RESS:
RESIDENT'S NAME FOR BILLING:		
SIGNIFICANT OTHER'S NAME (if applicable):		
SERVICE ADDRESS:		
SUBDIVISION:		_
PHONE #:		
EMAIL ADDRESS:		
MAILING ADDRESS (if different from service address	ss):	
MOVE IN DATE:		
<ul> <li>IF YOU CHOOSE TO RECYCLE, PLEASE ENROLL IS DOOR SIDE COLLECTION NEEDED DUE TO A         <ul> <li>AS OF TODAY, ARE YOU 65 YEAR'S OF AGE OR</li></ul></li></ul>	MEDICAL CONDITION OR SPECI OLDER? If yes, please remit Cottlev	ille's senior citizen discount application.
X	_	
RESIDENT'S SIGNATURE		TODAY'S DATE
** APPROVED CITY OCCUPANCY INSPECTIONS AN APPROVED OCCUPANCY INSPECTION IS RE		
OP- OCCUPANCY NUMBER APPROVED BY	CITY STAFF SERVICE	ACTIVATION DATE ACCOUNT NUMBER