

Solid Waste New Service Form

(Trash, Recycling, & Yard Waste)

5490 Fifth Street Cottleville, Missouri 63304	Ph: 636-498-6565 x 4 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:	
 IF YOU CHOOSE TO RECYCLE, PLEASE ENROLL YOUR ADDRESS ONLINE IS DOOR SIDE COLLECTION NEEDED DUE TO A MEDICAL CONDITION OR SPECIAL NEEDS AS OF TODAY, ARE YOU 65 YEAR'S OF AGE OR OLDER? If yes, please remit Cottleville's senio ATTACH A PHOTO COPY OF YOUR CURRENT DRIVER'S LICENSE FOR YOUR ACCOUNT REC 	r citizen discount application.
<u>X</u>	
RESIDENT'S SIGNATURE	TODAY'S DATE
** APPROVED CITY OCCUPANCY INSPECTIONS ARE REQUIRED <u>EACH</u> TIME A HON AN APPROVED OCCUPANCY INSPECTION IS REQUIRED BEFORE SOLID WASTE SI	

SERVICE ACTIVATION DATE