

CITY OF WEST ORANGE, TEXAS

Application for Solid Waste Pickup Services

Date of application: _____

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Driver's License # _____ DL State: _____

Home telephone # _____ Other # _____

Spouse or other occupant's name: _____

Street address for service: _____

Is this residence a rental? ____ Yes ____ No

Mailing address for billing (if different from above): _____

Email address: _____

Place of Employment: _____

Location of Employment: _____ Work telephone # _____

The monthly residential service rate is \$23.30 and can be paid monthly, quarterly (\$69.90), semi-annually (\$133.11) or annually (\$252.83). (Please note that those paying six months in advance receive a 5% discount off of the base rate, while those paying for twelve months receive a 10% discount off of the base rate.) Service rates are not prorated. Payment is due by the 1st day of each month. A \$5.50 penalty is added if not paid in full by 5:00 P.M. on the 15th of the month.

If you are interested in having your monthly bill automatically drafted from your bank account, please call City Hall @ 883-3468.

_____ *I do not want my home address, telephone number, driver's license number, amounts billed or collected, or other information provided on this application made available to the public upon request.*

_____ **I understand that at such time that I need to discontinue service (whether moving to another residence in West Orange or outside the city) I must complete and sign a form stating such. Otherwise, my account will continue to be billed on a monthly basis and I will be responsible for the balance.**

Agreement & Acceptance by Applicant

City Employee Witness

NOTE: A COPY OF YOUR PHOTO IDENTIFICATION MUST BE ON FILE AT CITY HALL IN ORDER TO FINALIZE THIS TRANSACTION. YOU MAY DELIVER IT IN PERSON, MAIL IT OR EMAIL IT TO (sanitation@cityofwestorange.com) .