



**CITY OF EDINBURG
SOLID WASTE MANAGEMENT
REQUEST FOR SERVICE APPLICATION
(956) 381-5635**

**FAX: 956-292-2064
EMAIL: collections@cityofedinburg.com**

(CHECK TYPE OF SERVICE REQUESTING)

<input type="checkbox"/>	RESIDENTIAL (95 GAL)
<input type="checkbox"/>	COMMERCIAL
<input type="checkbox"/>	ROLL-OFF (20 OR 30 CY)

(CHECK ONE)

<input type="checkbox"/>	NEW CUSTOMER
<input type="checkbox"/>	EXISTING CUSTOMER
<input type="checkbox"/>	PREVIOUS CUSTOMER

COMMERCIAL REQUESTS ONLY BELOW (CHECK ONE)

<input type="checkbox"/>	APARTMENT (specify number of units)	<input type="checkbox"/>	BUSINESS	<input type="checkbox"/>	EDUCATIONAL INSTITUTION
<input type="checkbox"/>	GOVERNMENT AGENCY	<input type="checkbox"/>	HOTEL/MOTEL	<input type="checkbox"/>	INDUSTRIAL/ MANUFACTURING
<input type="checkbox"/>	MOBILE HOME PARK	<input type="checkbox"/>	PRODUCE WAREHOUSE	<input type="checkbox"/>	RESTAURANT
<input type="checkbox"/>	SERVICE STATION	<input type="checkbox"/>	SMALL BUSINESS	<input type="checkbox"/>	OTHER _____

**(Only applicant name will be eligible for contractual services. Name listed as applicant will be the responsible party for all fees and charges to this account. Change of responsible party can only be made through closing of account)
NO NEW ACCOUNTS WILL BE ESTABLISHED IF ANY UNPAID OR DELINQUENT BALANCES ARE OUTSTANDING.**

ACCOUNT NAME _____

APPLICANT _____

SERVICE LOCATION _____

TYPE OF SERVICE REQUESTED _____ **DATE NEEDED:** _____

BILLING ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE # _____ **OR** _____ **FAX** _____ **EMAIL** _____

D.L/I.D. # _____ **ST** _____ **D.O.B.** _____ **EXPIRES** _____

1. Have you had prior sanitation services with the City of Edinburg? Yes No
What is/was the address: _____
2. **RESIDENTIAL CUSTOMERS:** _____ **NORTH ALAMO WATER SUPPLY** _____ **SHARYLAND WATER SUPPLY**
(MUST BE OPENED BY PROPERTY OWNER ONLY AND MUST PRESENT DEED OF PROPERTY/TAX DOCUMENTS)
4. **COMMERCIAL ACCOUNTS REQUIRE AT LEAST 1 MONTH DEPOSIT. AMOUNT CONTINGENT ON APPLICANT HISTORY.**

Applicant Signature _____ Date _____

BELOW FOR OFFICE USE ONLY

COMMERCIAL SUPERVISOR LOCATION CLEARANCE _____ ENCLOSURE CLEARANCE _____

FRONT/SIDE LOAD _____ SIZE _____

NOTES: _____

COMMERCIAL SUPERVISOR APPROVAL _____ **DATE** _____

ACCOUNTING: CHARGE ACCT. # _____

Previous / Delinquent Balance _____ **CLEARED** _____
Current Accts _____ **CLEARED** _____

ACCOUNTING APPROVAL _____ **DATE** _____