

CITY OF CENTER APPLICATION FOR SERVICE

*******NON-RESIDENTIAL ACCOUNT INFORMATION*****
CUSTOMER INFORMATION**

Non-Residential Account Name _____
Billing Address _____
Company Phone Number _____
Name of Person Applying _____
Name on Driver's License _____
Picture Identification DL# _____
Alternate Phone Number _____
Garbage Service Regular _____ Dumpster Size _____

- I hereby request confidentiality of my personal records
- I hereby rescind/waive my request for confidentiality

I certify that the information I have given above is correct

Signature of Individual Requesting Service Date

OFFICE INFORMATION

Account Number _____ - _____ - _____ Meter Number _____
Service Address _____
Non-Residential Type _____
Name of Landlord _____
Landlord Phone Number _____
Landlord Address _____

911 ADDRESSING

Review Signature _____
Date _____

INSPECTION/ZONING INFORMATION

Approval From CSI Inspector _____ Yes _____ No
Signature/Date _____
Approval From Zoning Official _____ Yes _____ No
Signature/Date _____

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