



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 & ATTACH A PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE FOR YOUR ACCOUNT RECORD.

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: _____

STANDARD SOLID WASTE SERVICE INCLUDES ALL COLLECTIONS ONCE A WEEK; TRASH, RECYCLE, + YARD WASTE (3 individual containers).

Please select all the services your household needs:

- Trash Container
- Recycle Container
- Yard Waste Container
- IF DOOR SIDE COLLECTION IS NEEDED DUE TO A MEDICAL CONDITION OR SPECIAL NEEDS, ATTACH A DOCTOR'S NOTE.
- IF YOU ARE 65 YEARS OF AGE OR OLDER, REMIT THE SENIOR CITIZEN DISCOUNT FORM.

X
RESIDENT'S SIGNATURE _____ TODAY'S DATE _____

**** APPROVED CITY OCCUPANCY INSPECTIONS ARE REQUIRED EACH TIME A HOME CHANGES OWNER AND/OR RENTER. AN APPROVED OCCUPANCY INSPECTION IS REQUIRED BEFORE SOLID WASTE SERVICE IS CONNECTED ****

OP- _____
OCCUPANCY NUMBER APPROVED BY CITY STAFF SERVICE ACTIVATION DATE ACCOUNT NUMBER

