



TOWN OF EAST SPENCER GARBAGE SERVICE APPLICATION

Name of Primary Applicant: _____ SSN: ____-____-____

DL: _____

Address: _____

Phone Number: _____

Mailing address (if different): _____

Secondary Applicant: _____

SSN: ____-____-____

DL: _____

Phone Number: _____

Renter Owner

I hereby apply for the following: garbage and landfill services and agree to pay all charges incurred in the accordance with the rates, rules and regulations legally in effect and on file at the Town of East Spencer. I understand I may be required to pay a deposit, which will be refunded or credited to my account at the completion of 12 billing periods during which no late charges have been assessed. If the account is closed, the deposit is applied to the closing with the balance returned to the person who made the deposit.

I (we) have read and understand everything stated on this application.

(Signature of Primary Applicant) (Date)

(Signature of Secondary Applicant) (Date)

Office Use Only

Received: _____
Deposit: _____ (Y/N)