

## **COMMERCIAL WASTE SERVICES APPLICATION FORM -North of Rt 44**

Date:Account Number				
Name of Business:				
Villages Service Address:				
Office Contact and telephone r	number:			
Email Address:				
Requested delivery date:				
Currently how many service days:		Dumpster #		
Please circle the requested nev	v service:			
	Number of Empties Per	6 Yd Dumpster	8 Yd Dumpster	
	1	\$153.92	\$166.76	
	2	\$256.57	\$314.44	
	3	\$384.23	\$474.22	
	4	\$513.21	\$628.69	
	5	\$641.53	\$782.67	
	6	\$769.85	\$936.66	
After completion of registration your pickup dates. Please note	-	_	-	
Rates are currently set by North S		Dependent District		
of the Customer to notify the VCC ervice is requested, and consur- personal notification is received by	ner shall be respons	sible for all service	charges incurred to the da	
Please Print	A	cceptance of Term	S	
C	Sustomer Name and	Business Title		
Signature of Customer:	read, understand ar	nd agree to the term	s set forth above	
Thave		WING FOR VCCDE		
heck one) LSSA □ VCSA □ Previous Tenant Use Type			Number cial Project Area	
Acceptance/Denial of Application:				
(circle one)		CDD Representative		
	to be completed by		ts are non-interest bearing	