



COMMERCIAL WASTE SERVICES APPLICATION FORM – South of Rt 44

Date: _____

Name of Business: _____

Villages Service Address: _____

Federal Tax ID: _____ **State Tax ID:** _____

Contact name and telephone number: _____

Billing address: _____

Office contact and telephone number: _____

Email Address: _____

Requested delivery date: _____

Number of Pick-ups a week	4 Yard Dumpster	6 Yard Dumpster	8 Yard Dumpster
1	\$184.94	\$268.23	\$310.63
2	\$369.05	\$473.81	\$605.62
3	\$554.83	\$709.95	\$900.65
4	\$739.77	\$946.90	\$1,195.67
5	\$924.71	\$1,184.59	\$1,490.69
6	\$1,109.63	\$1,421.53	\$1,785.70

After completion of registration, allow 24-48 working hours for container placement. You will be contacted with your pickup dates. Please note that any obstruction to the pickup area will result in trash not being removed.

Terms

Rates are currently set by Tri-County Sanitation, LLC and are subject to change. It shall be the obligation of the Customer to notify the VCCDD Utility of change of occupancy, or other circumstances for which termination or transfer of service is requested, and consumer shall be responsible for all service charges incurred to the date upon which written or personal notification is received by VCCDD, located at 3571 Kiessel Road, The Villages, FL 32163.

Acceptance of Terms

Please Print _____

Customer Name and Business Title

Signature of Customer: _____

I have read, understand and agree to the terms set forth above.

THE FOLLOWING FOR VCCDD USE ONLY

(Check one) SSU ☐ MU ☐ GPU ☐ Account Number _____
Previous Tenant Use Type _____ Commercial Project Area _____

Acceptance/Denial of Application: _____ Date: _____
(circle one) VCCDD Representative