



**CITY OF SANTA FE
APPLICATION FOR REFUSE AND
RECYCLING SERVICE**



BUSINESS NAME: _____ **PHONE #:** _____ **ACCOUNT #** _____

REQUESTED BY PRINTED NAME: _____

REQUESTED BY SIGNATURE: _____ **DATE:** _____

BILLING NAME: _____

BILLING ADDRESS: _____

SERVICE ADDRESS: _____

PROPERTY OWNER : _____

PROPERTY OWNER ADDRESS: _____

**TYPE OF SERVICE, SIZE AND
AMOUNT OF DUMPSTERS OR
TRASH BINS REQUESTED**

PLEASE CIRCLE SERVICE DAY (S) REQUESTED

MON TUES WED THURS FRI SAT 24 HOUR

FRONTLOAD _____

COMMENTS: _____

REARLOAD: _____

RECYCLE _____

3 MONTH DEPOSIT REQUIRED FOR RENTAL AND SERVICE OF COMMERCIAL DUMPSTER

RENTAL \$	SERVICE: \$	TOTAL DEPOSIT \$
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CITY USE ONLY

Account Number	Service Address Number	Total Deposit Required	Deposit Amount
CLASSIFICATION OF SERVICE			
Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Low Income <input type="checkbox"/>	Master Meter <input type="checkbox"/>
Type of Service		City <input type="checkbox"/>	County <input type="checkbox"/>
<input type="checkbox"/> Water	<input type="checkbox"/> Refuse	<input type="checkbox"/> Sewer	<input type="checkbox"/> Storm water
Account Set up By	Owners AB#	Tenants AB#	Owners Acct#
			Owners Name

ACTION TAKEN: _____