



CITY OF SANTA FE
APPLICATION FOR NEW REFUSE
AND RECYCLING SERVICES



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

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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PRICING PER SERVICE

Refuse Rental	Refuse Service	Recycling Rental	Recycling Service	Cardboard Rental	Cardboard Service

COMMENTS OR SPECIAL INSTRUCTIONS: _____

ACTION TAKEN: _____

BY: _____ **DATE:** _____

For new customers fill in all information. For a change in service only fill in lines 1 through 3 and pricing per service.