



# City of O'Fallon

Tradition with Vision

## TRASH/RECYCLING COMMERCIAL REGISTRATION FORM

One business day notice is required to establish service. For any questions please contact us at (636) 379-5488

Business Name: \_\_\_\_\_ Fed Tax Id# \_\_\_\_\_

Date to Start Service: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Ph. # \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Service Address: St # \_\_\_\_\_ St Name \_\_\_\_\_ Apt/Ste. # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (Only If Different From Service Address) St # \_\_\_\_\_ St Name \_\_\_\_\_

Apt/Ste. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord/Mgt. Info (Only If a Rental Property)

Landlord/Mgt. Name \_\_\_\_\_ Ph. # \_\_\_\_\_

**All billing is done Bi-Monthly. (2 Month Cycle).**

<u>BI-MONTHLY RATES</u>	<u>Per Container</u>
Once Weekly collection of trash, including city provided container(s)	\$36.00
Once Weekly collection of recyclables, including city provided container(s)	\$18.00

**Please write down the number of trash and recycling containers that you would like delivered:** Trash \_\_\_\_ Recycling \_\_\_\_

### To enroll in Auto Debit or Auto Credit

- From a checking account, provide a voided check with your name & bank account information to have your bill automatically deducted from your checking account on the payment due date of the bill. This will continue until instructed to stop.
- From a credit card, (Mastercard, Visa, Discover) please fill out the form at City Hall to have your bill automatically deducted from your checking account on the payment due date of the bill. This will continue until instructed to stop.

**\$50.00 deposit that will be added to the 1<sup>st</sup> bill for Trash Service.**

**By signing below, I confirm that I am the applicant; that the details given on this form are true and accurate; that I shall not hold the City of O'Fallon responsible for any fraudulent acts on my part and agree to the rules and policies for the services that I am registering for.**

Customer/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City of O'Fallon Utility Services

Email form to:

Contact us by phone:

100 N. Main St.

[utilityregistry@ofallon.mo.us](mailto:utilityregistry@ofallon.mo.us)

Billing: (636) 379-5488

O'Fallon, MO 63366

Customer Service: (636) 272-0477