



CITY OF DORAVILLE – APPLICATION FOR GARBAGE SERVICE

***NOTE – SERVICE ADDRESS MUST BE COMPLETE AND RESIDENCE MARKED APPROPRIATELY**

Applicant Name _____ **Phone #** _____

Social Security/Tax ID # _____ **Driver's License** _____

Service Address _____

Date of Service _____ **E-mail Address** _____

Employer Name _____

Address _____ **City** _____ **ST** _____ **Zip** _____

Phone # _____

Landlord's Name _____ Own / Rent

Mailing Address _____ **City** _____ **ST** _____ **Zip** _____

Have you had previous service with the City of Doraville? Yes / No

What name was your prior account in? _____

The above hereby applies for sanitation service from DeKalb County and agrees to the following terms and conditions:

1. Applicant agrees to comply with all of the City of Doraville and Advance Disposal rules and regulations applicable to such services.
2. Applicant agrees that in connection with the services performed, the City of Doraville shall not be liable for damage to any property of the applicant by reason of any action on the part of Advanced Disposal, or the State of Georgia, or their duly authorized officers, agent, servants, or employees.
3. Applicant agrees that the SANITATION service to be rendered by the Advanced Disposal is limited to use of only one (1) family dwelling house.
4. Applicant agrees to sign disconnection form for the service address above if they decide to terminate service. As stated above, I apply for service with The City of Doraville/Advanced Disposal – I understand these terms and conditions are a part of this application and agree to be bound by such terms and conditions.

Applicant Signature _____ **Date** _____

Required Information Checklist

- Completed application
- Copy of applicant's picture identification – Driver's license, state id, or passport
- Copy of deed, title, or rental or lease agreement

Please drop off the completed application and required documents to Doraville City Hall, 3725 Park Avenue, Doraville, GA 30340 or email to support@doravillega.us.

CITY USE ONLY

Account # _____ **Date:** _____