



CITY OF DORAVILLE – APPLICATION FOR GARBAGE SERVICE

NOTE – SERVICE ADDRESS MUST BE COMPLETE AND RESIDENCE MARKED APPROPRIATELY

Applicant Name _____ **Social Security/Tax ID #** _____

Service Address _____

E-mail Address _____ **Drivers License** _____

Your Employer Name/Address/Phone Number _____

Phone # (Home) _____

Mailing Address: _____ **Please Circle – Own / Rent**

Landlord’s Name / Address _____

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 the City of Doraville and agrees to the following terms and conditions:

1. Applicant agrees to pay the City of Doraville in accordance with the schedule of fees for services rendered at the above address.
2. Applicant agrees to comply with all of the City of Doraville rules and regulations applicable to such services.
3. Applicant agrees to pay QUARTERLY SANITATION FEES as provided by the City of Doraville buy the last day of the quarter with no penalty. Bills paid after the last day of the quarter will be subject to \$5.00 late charge.
4. Applicant agrees that in connection with the services performed, the City shall not be liable for damage to any property of the applicant by reason of any action on the part of the City of Doraville, or the State of Georgia, or their duly authorized officers, agent, servants, or employees.
5. Applicant agrees that the SANITATION service to be rendered by the City is limited to use of only one (1) family dwelling house.
6. 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 – I understand these terms and conditions are a part of this application and agree to be bound by such terms and conditions.

Date of Service _____

Applicant Signature _____ **Date** _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname. Please circle one.

White, not Hispanic origin	Hispanic	American Indian or Alaskan native
Black, not of Hispanic origin		Asian or Pacific Islander

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250.

CITY USE ONLY
Account # _____

Other: _____