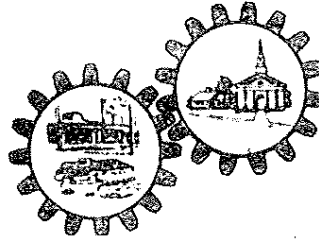


CITY OF MORROW

Geared for Quality Growth



www.cityofmorrow.com

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Morrow, GA 30260
Office: (770) 961-4002
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SOLID WASTE RESIDENTIAL AND COMMERCIAL CUSTOMER APPLICATION

DATE OF APPLICATION: _____

TYPE OF SERVICE REQUESTED:

Please place an X by the type of solid waste service you are requesting.

☐ RESIDENTIAL ☐ COMMERCIAL

SERVICE START DATE: _____

NAME: _____

SERVICE ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

BILLING/MAILING ADDRESS IF DIFFERENT FROM THE PROPERTY SERVICE ADDRESS:

NAME: _____

BILLING/MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

APPLICATION PROCESSED BY: _____ DATE: _____

AMOUNT DUE: _____

METHOD OF PAYMENT - CASH, CREDIT CARD OR CHECK # _____