Commercial Service Initiation Form

City Hall

6 East 6th Street
PO Box 708
Lawrence, KS 66044

785-832-3000
lawrenceks.gov

Accountholder Name _____

Federal Tax ID _____ or **Social Security #** _____
Business Accountholder *Individual Accountholder*

Driver's License Number _____ **State of Issue** _____
Individual Accountholder or Authorized Representative (Business Accounts)

Phone _____ Accountholder is: Owner _____ Renter _____

Service Address _____ Start Date _____

SOLID WASTE

Roll Trash Out Carts	**Commercial Trash Container(s)**
_____ Minimum 2 x 95-gallon	Size: _____ yd Qty _____ Emptied: _____/week
_____ Additional 95-gallon	Size: _____ yd Qty _____ Emptied: _____/week
	Size: _____ yd Qty _____ Emptied: _____/week

Recycling Services

Cardboard Size: _____ yd Qty _____ Emptied: _____/week

BILLING

Billing Address _____
Street/PO Box *City, State, Zip*

Email Adress: _____

DEPOSIT $ _____

Utility service (water, sewer, solid waste, storm water) is requested for the service address entered above. I authorize the initiation of these services and accept responsibility for charges incurred

I understand that the solid waste service level requested on this from **must be approved by City staff prior to implementation.** If approved, it will remain in effect until a **Commercial Solid Waste Service Change Request Form** is submitted and approved**.**

_____ _____

Accountholder / Account Representative Signature *Date*

FOR OFFICE USE ONLY

1. _____ _____ _____
Request received by (Specialist/ CSR) Date Billing Cycle/ Book

2. _____ _____
Reviewed & completed by (SW Supervisor) Date of Completion

3. _____
Customer – Account Number

DAYS OF SERVICE (circle all that apply)

Trash: M T W H F S

OCC: M T W H F S

Comment/ Notes:_____

_____

_____

_____

_____

_____