



Fort Valley Public Works New Solid Waste Service Form

Customer Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Service Type

_____ Residential

_____ Replacement Trash cart

_____ Commercial

Dumpster Size

_____ 4 Cart

_____ 6 Cart

_____ 8 Cart

Times a week

_____ 1

_____ 2

_____ 3

Service Date _____

Special instructions request _____

_____ Name

_____ Date

Signature