

CITY OF DORRIS

To: Waste Management
EMAIL ONLY: DO NOT FAX

Acct. No. _____

SERVICE AGREEMENT:

DATE: _____

Customer Type:

Residential: _____ Commercial: _____

Start: _____ Stop: _____ Change: _____

Name: _____ / City of Dorris

Service Address: _____ Phone: _____

Type of Service:

1 Can _____	1 Yd. _____	3 Yd. _____
2 Can _____	1.5 Yd. _____	4 Yd. _____
3 Can _____	2 Yd. _____	5 Yd. _____
		6 Yd. _____

Print Name

Signature