

City of Dorris

To: Waste Management

Acct. No: _____

Service Agreement:

Date: _____

Customer Type:

Residential: _____ Commercial: _____

Start: _____ Stop: _____ Change: _____

Name: _____ / City of Dorris

Service Address: _____ Phone: _____

Type of Service:

35 gallon _____ 1 Yd. _____ 3 Yd. _____

64 gallon _____ 1.5 Yd. _____ 4 Yd. _____

96 gallon _____ 2 Yd. _____ 5 Yd. _____

6 Yd. _____

Print Name

Pickup Yd: Weekly
Every Other Week
Twice a Week

Signature