



Extra Refuse/Trash, Recycling, and/or Compost Agreement

****Please Submit With a
Valid Photo ID****

Office Use Only:

Employee Initials: _____
ID: _____ Notify TDS: _____
Acct # _____

Service Address: _____

Primary Account Holder Name: _____

Email: _____ Phone #: _____ - _____ - _____

I am requesting one (1) extra:

☐ **Refuse/Trash Cart**

☐ **Recycle Cart**

☐ **Compost Cart**

By signing, I understand that:

1. I am responsible for paying the extra monthly charge fee plus the franchise fee and sales tax.
2. I will give written notice to the Utility Billing Department either in person or via email if I need to terminate the Extra Cart service on my monthly statement.

Applicant Signature: _____ Date: ____/____/____