



City Of McDonough

Application for Second Sanitation Cart

Date to State Service: _____

Provide the Name, SS# or EIN # & Driver's License # for each person listed on the lease/purchase agreement. Use the back of this form for additional names, Social Security and Driver's License #s.

First Name	Middle Initial	Last Name	SS# or EIN#
State - Driver's License #	Email Address		Telephone #:
First Name	Middle Initial	Last Name	SS# or EIN#
State - Driver's License #	Email Address		Telephone #:

Service Address: _____
Street Address _____ City, State _____ Zip _____

Billing Address: _____
(If different from above service address) Street Address _____ City, State _____ Zip _____

[] Have you or anyone on the lease/deed had Water/Sewage/Garbage service in The City of McDonough? If YES, what was the name on the account and the street address?

Account Name(s) _____

Service Address _____

THIS APPLICATION IS FOR A SECOND SANITATION CART. THE CITY OF MCDONOUGH WILL BILL THE APPLICANT FOR THE SECOND SANITATION CART MONTHLY.

Office Use ONLY

Sanitation order Processed: Yes: _____ Date: _____ By: _____

Please initial the following statements indicating you have read and agree with each.

Billing

_____ Ref (13.04.250) Bills are mailed by the fifteenth of each month. Failure to receive a bill does not relieve your obligation to pay. Customer Service Department must be contacted if you do not receive a bill.

Discontinuing Service

_____ The account holder must submit in writing a Discontinue Service form. A picture ID **MUST** accompany the stop service request. Billing for water service will continue **UNTIL** the written request is received by the City of McDonough Customer Service Department.

Telephone Consumer Protection Act

_____ I the account holder consent to receiving emails, texts (SMS), auto-dialed and or artificial or pre-recorded message to my cellular phone or to any telephone number or email provided by me to The City of McDonough or its affiliates and their agents including, without limitation, any account management companies and independent contractors including debt collectors. I understand that consenting to the above is not required before I receive service from The City of McDonough

To aid The City of McDonough Sanitation Department in the review and acceptance of the Contract of Service Application, Applicant unconditionally agrees to comply with all applicable Ordinances, rules and regulations currently in force and any that may be later amended, and to promptly pay for all services provided. This includes all service billings, late fees, and other fees and charges as they may apply.

Name

Print: _____

Name

Signature: _____

Date:

**Submit completed form to: Customer Service Department, 136 Keys Ferry Street, McDonough, GA 30253
or Fax to (770)957-7231 or email [to customerservice@mcdonoughga.org](mailto:customerservice@mcdonoughga.org)**