



Town of Garland
190 S. Church Ave.
Garland, NC 28441
(910)529-4141

Application for Curbside Solid Waste
and Recycle Collection Application

Date: _____

Name: _____

Billing Address: _____

Service Address: _____

Home Phone: _____ Cell Phone: _____

I, _____, am applying for the Town of Garland's Curbside Solid Waste and Recycle Collection service.

- I understand the cost of \$18.50 per month will be paid quarterly (\$55.50) in advance of services being rendered.
- I understand that I will receive one (1) 96 gallon garbage container and one (1) 96 gallon recycle container. (Additional containers are available, please ask for pricing)
- I understand that I will be responsible for moving containers to and from the storage location to the designated collection point for curbside service.
- The Town of Garland accepts cash, checks, money order, bank draft and debit/credit cards for payment of account. There is a \$3.00 fee for debit/credit card payments. There is a \$25.00 service fee on all returned checks and drafts.
- I understand that if payment is not received before the next quarterly service period begins, my service will be cancelled and collection containers picked up.

Applicant Signature

Date

For Office Use Only:

Application received by: _____ Date: _____

Number of Containers: _____ Garbage _____ Recycle

Cost per month \$ _____ Paid on: _____