



JACKSON COUNTY SOLID WASTE

Caleb Skipper
Solid Waste Director

APPLICATION FOR SOLID WASTE SERVICE

Applicant's Full Name: _____ Today's Date: _____

Service Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Have you ever had service with us? Yes: ☐ No: ☐ If so, under what name? _____

Driver's License#/State: _____ Date of birth: _____

Email Address: _____ Employer: _____

Married? Yes: ☐ No: ☐

Spouse's Name: _____ Spouse's Phone Number: _____

Spouse's Employer: _____

Other Occupants (over age of 18): _____

Whose name are the electrical utilities in? _____

Do you own this property? Yes: ☐ No: ☐

If renting, Name of Landlord: _____ Landlord's Phone Number: _____

I certify that I am the proposed occupant and that the answers given here are true and accurate in all respects to the best of my knowledge. I understand I will be responsible for Solid Waste Fees. Failure to pay for services may result in suspension of services and the Solid Waste Department coming onto my property to pick up their garbage can.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

ACCOUNT NUMBER: _____

BILLING MONTH/QUARTER: _____

AMOUNT PAID: _____ CASH: ☐ CC: ☐ CHECK: ☐ CK#: _____

CAN AT PROPERTY? Yes: ☐ No: ☐ CAN NUMBER: _____

TOOK CAN? Yes: ☐ No: ☐ CAN NUMBER: _____

WORK ORDER CREATED? Yes: ☐ No: ☐ N/A: ☐ WORK ORDER NUMBER: _____

ENTERED BY: _____ DATE: _____