

**CITY OF COOKEVILLE
DEPARTMENT OF PUBLIC WORKS & ENGINEERING
SANITATION DIVISION
AGREEMENT AND SERVICE FORM**

DATE: _____ ACCT#: _____

BUSINESS NAME: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

GARBAGE SERVICE:

CONTAINER NO & SIZE	RENT / BUY FEE	MONTHLY PU FEE	DAYS	PICK UP PERSON	MONTHLY TOTAL
_____	_____	_____	_____	_____	_____

CARDBOARD SERVICE

CONTAINER NO & SIZE	RENT / BUY FEE	MONTHLY PU FEE	DAYS	PICK UP PERSON	MONTHLY TOTAL
_____	_____	_____	_____	_____	_____

TOTAL MONTHLY CHARGE: _____

EFFECTIVE DATE: _____

SIGNED / DATED: (BUSINESS OWNER OR REPRESENTATIVE)
