



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

**OOT- Application for Curbside Solid Waste**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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I, \_\_\_\_\_, am applying for the Town of Garland's Curbside Solid Waste .

- I understand the cost of \$14.50 per month will be paid quarterly (\$43.50) in advance of services being rendered.
- I understand that I will receive one (1) 96 gallon garbage container . Additional containers are available at an extra additional cost.
- 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

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For Office Use Only:

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Containers: \_\_\_\_\_ Garbage

Cost per month \$ \_\_\_\_\_ Paid on: \_\_\_\_\_