



APPLICATION FOR SANITATION SERVICE

****ALL APPLICANTS MUST PROVIDE A VALID STATE ID COPY WITH THIS APPLICATION FOR FILE****

SANITATION SERVICES ARE BASED UPON LOCATION
When paying by Check – Please make out to City of Hiram

Complete **ALL Highlighted Areas** – Please Print

PROPERTY LOCATION / INFORMATION:

Service Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Subdivision/Apt#:** _____

APPLICANTS INFORMATION:

Primary Applicant's Name: _____ **Date of Birth:** _____

Social Security/Tax ID#: _____ **Drivers License #:** _____ **Issued State:** _____

Email Address: _____ **Enroll in Paperless Billing:** YES / NO _____

Home Phone: _____ **Cell:** _____ **Work:** _____

If Mailing Address is Different from Service Address:

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Subdivision/Apt#:** _____

RENTAL PROPERTY ONLY:

Rental Landlord Name: _____ **Copy of Lease Attached:** YES / NO

Landlord Phone #: _____ **Landlord Email:** _____

EMERGENCY CONTACT:

Name: _____ **Phone:** _____ **Relationship:** _____

OFFICE USE ONLY					
ACCOUNT NUMBER	SERVICE START DATE	WI REFERENCE NUMBER	TYPE OF SERVICE Regular / 65+ / 70+ Curbside / MQ Backdoor	QUARTERLY RATE	COH REP INITIALS
Deposit \$50.00 + Application \$25.00 + Current Quarter Sanitation \$ _____ + Next Quarter (if billing has been done) \$ _____			TOTAL AMOUNT DUE: \$ _____ CASH / CARD / CHECK NO _____ ENTERED ON: _____ BY: _____		

SANITATION SERVICE: Sanitation is billed quarterly. Pickup dates are Tuesdays.

Please select service type, by putting a check mark in the blank space:

Curbside Service: _____ \$60.00 /qtr. (\$20.00 /month)
*Backyard for Curbside Rate (Medical): _____ \$60.00 /qtr. (\$20.00 /month)

*Must be Medically Qualified to receive service at this rate. Medical documentation for the account holder from physician must be attached.

AGE QUALIFIED DISCOUNT:

65 – 69 Years of Age / Curbside: _____ \$52.50 /qtr. (\$17.50 /month)
*Backyard for Curbside Rate (Medical): _____ \$52.50 /qtr. (\$17.50 /month)

*Must be Medically Qualified to receive service at this rate. Medical documentation for the account holder from physician must be attached.

70+ Years of Age / Curbside: _____ \$46.50 /qtr. (\$15.50 /month)
*Backyard for Curbside Rate (Medical): _____ \$46.50 /qtr. (\$15.50 /month)

*Must be Medically Qualified to receive service at this rate. Medical documentation for the account holder from physician must be attached.

ADDITIONAL CAN: _____ \$45.00 /qtr. (\$15.00 /month)

This Contract establishes an agreement by and between resident/landlords, hereinafter referred to as "Customer" and the City of Hiram Utility Billing System hereinafter referred to as "System". The System agrees to provide contracted sanitation services to the residents of the City of Hiram on a weekly basis for the established fee based on service type chosen.

DEPOSIT INFORMATION:

New Utility Customers agrees to place in trust with the system a sanitation only deposit in the amount of **\$50.00**.

Customer Initials _____

REQUEST FOR SERVICE TERMINATION OR TRANSFER:

Customer disconnection or service termination requests must be made in writing at the City Hall office either in person, via email or in the payment drop box. **Verbal disconnection requests will not be accepted.** When service is disconnected either by act of the system or at the request of the customer, the customer agrees to allow the system to use any portion of the deposit to pay final bills, and refund the unused portion to the customer in the form of a check issued by The City of Hiram within 25 days from the final billing. **Should the security deposit be less than the outstanding billing the customer agrees to promptly pay the unpaid balance to the system.**

Customer Initials _____

RETURNED CHECK POLICY:

Any checks that are returned will be charged a Returned Check Fee. Cost incurred for all legal and other fees required to assist with the collection will be added to the debt and will be the responsibility of the customer.

Customer Initials: _____

PAYMENTS SANITATION:

- 1.) The customer shall pay to the system a quarterly sum of not less than the minimum billed amount prior to the start of the quarter. Quarterly billing cycles will be by the 25th of November (Jan/Feb/March service dates), February (April/May/June service dates), May (July/Aug/Sept service dates), and August (Oct/Nov/Dec service dates). Payments are due by the 15th of the following month. **Customer Initials:** _____
- 2.) The customer agrees to pay promptly the sanitation bill by the 15th day of the month due and further understands, that if the bill is not paid by the 15th, there will be a late penalty assessed against the bill on the 16th day of the month, in the amount as may be established by the system from time to time and added to the gross billing. **Customer Initials:** _____
- 3.) The customer understands that if a bill is not paid by the 5th day following a due date it is subject to suspension or termination of service. All accounts that are suspended will be charged a Service Fee of \$25.00. Prior to re-establishment of service, the balance must be paid in full to include all additional fees that have been charged. **Customer Initials:** _____
- 4.) Accounts that have been suspended for non-payment more than once in a calendar year will be charged an additional deposit of \$50.00 for each occurrence. **Customer Initials:** _____
- 5.) The customer understands that cans are to be placed for curbside service the night before and will not be responsible for missed pickups due to cans not being at correct location after 7:00am on the day of service. **Customer Initials:** _____
- 6.) THE CUSTOMER UNDERSTANDS THAT FAILURE TO RECEIVE THE BILL DOES NOT RELIEVE THE OBLIGATION TO MAKE PAYMENT AND ALL FEES ASSOCIATED FOR NON-PAYMENT WILL BE THE RESPONSIBILITY OF THE ACCOUNT HOLDER.** **Customer Initials:** _____
- 7.) The System may use any means necessary to collect a debt including but not limited to placing a lien against the real property for which said fee was charged and the owners or owners thereof. **Customer Initials:** _____
- 8.) Sanitation services are provided for items within the can to be serviced. Additional bagged trash or yard debris that is outside of the can will not be serviced. All items must be bagged and placed inside of can to be serviced. Placement of cans must not be next to an object that will not allow the arm of the truck to reach and lift sanitation can **Customer Initials:** _____

Customer's Signature

Date

City of Hiram Representative