

711 W Cinnamon Drive • Lemoore, California 93245 • (559) 924-6744 x 715 • Fax (559) 924-9003 Finance Department

## **DECLARATION**

The undersigned applicant for the purpose of requesting the use of an additional automated refuse container under Chapter 1, Section 4-1-6(A) of the Lemoore Municipal Code and Resolution 2020-07 represents as follows:

Account #		
Name:(print):	P	Phone:
I reside atadditional container. I understand billed on a month to month basis a	that I must be established with r	ity of Lemoore. I am requesting the use of an refuse service at this time and that rates will be be made for partial month usage.
Extra Bl	ack Refuse Container	\$10.93/month
Second	Green Waste Container	No Cost
Third or	More Green Waste Container	\$3.28/month
	Blue Recycling Container	No Cost
Second	Dide Recycling Container	
Third or I understand that I will assume res	More Blue Recycling Container sponsibility for this can. I must suffee per can. Please note: If a ca	
Third or I understand that I will assume resservice or pay a \$48 replacement one-year, there will be a \$24 del	More Blue Recycling Container sponsibility for this can. I must suffee per can. Please note: If a ca	\$2.19/month  urrender this can at the cancellation of utility  n is returned and service resumed within
Third or  I understand that I will assume resservice or pay a \$48 replacement	More Blue Recycling Container sponsibility for this can. I must suffee per can. Please note: If a ca	\$2.19/month urrender this can at the cancellation of utility
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Third or I understand that I will assume resservice or pay a \$48 replacement one-year, there will be a \$24 del	More Blue Recycling Container sponsibility for this can. I must suffee per can. Please note: If a caivery fee.  For office use only	\$2.19/month currender this can at the cancellation of utility n is returned and service resumed within  Date
Third or I understand that I will assume resservice or pay a \$48 replacement one-year, there will be a \$24 del	More Blue Recycling Container sponsibility for this can. I must suffee per can. Please note: If a calivery fee.  For office use only lling system:  Date:	\$2.19/month  urrender this can at the cancellation of utility  n is returned and service resumed within  Date