



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 2008-53 represents as follows:

Account # _____

Name (print): _____ Phone _____

I reside at _____, in the City of Lemoore. I am requesting the use of an additional container. I understand that I must be established with refuse service at this time and that rates will be billed on a month to month basis and no credit or adjustments will be made for partial month usage.

_____	Additional Black Refuse Containers	\$14.00/month
_____	Additional Green Waste Containers	\$8.00/month
_____	Additional Blue Recycling Containers	\$8.00/month

I understand that I will assume responsibility for this can. I must surrender this can at the cancellation of utility service or pay a \$57.49 replacement fee. **Please note: If a can is returned and service is resumed within one-year, there will be a \$28.75 fee.**

Signature

Date

For office use only

Extra Container(s) entered into billing system: Date: _____ Employee _____

Container(s) delivered: Date: _____ Employee _____

Container No: Blue _____ Green _____ Black _____