



Customer Service Clerk _____

**APPLICATION FOR GARBAGE COLLECTION SERVICE
ENVIRONMENTAL SERVICES DIVISION
641 LONG HOLLOW PK, GALLATIN, TN 37066
Return to: rosemary.gammons@gallatintn.gov**

(For residents inside Gallatin City limits only.)

This application is solely for the purpose of establishing monthly garbage pickup service. Containers are not furnished, but can be purchased from the City Records Office or from a private distributor. Containers must be approved for use with City equipment.

Please print clearly

(To be completed by resident)

Startup Service Date

Date: _____ **** Name and address must match Utility Application** _____

Name: _____ Phone (digits only, with area code): _____

Garbage Service Address: _____

Email: _____ Signature: _____

Monthly Billing for Trash pick-up will be charged to your Utility Bill. The rate is \$16.00 per container per month. Check one:

- Bill for (1) container @ \$16.00 Bill for (2) containers @ \$32.00
- Bill for ____ containers @ _____ No Trash Service Requested

Will you be purchasing a new container from the City? Yes No

If yes, please contact Recorder's Office at 615-451-5895 or 132 W. Main St.

If no, please provide serial number(s) of container(s) to be used:

_____ / _____

Service will not begin until serial numbers are provided.

**** Please refer to "Overview of Solid Waste Disposal" information packet for further information regarding trash collection service.**

Action Taken: (To Be Completed By Environmental Services)	
Service: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other _____	<input type="checkbox"/> No Service
New Container Serial Numbers: _____ / _____ / _____	
Authorized to Bill: _____	Date: _____
Service Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	



***Remember, recycling bins are located at 641 Long Hollow Pike
Please Recycle**