



**Cusseta-Chattoohchee County
Residential Account
Customer Enrollment Information**

**CUSSETA-CHATTAHOOCHEE COUNTY
DEPARTMENT OF SOLID WASTE**

OFFICE USE ONLY

DATE: _____

Account #: _____ **Container Serial #:** _____

Delivery Date: _____ **Type of Structure:** _____

Social Security #: _____

Last Name	First Name	Middle Initial
- -	/ /	
Telephone Number	Date of Birth	Driver's License Number

SERVICE (E-911) ADDRESS:		
MAILING ADDRESS:		
CITY:	ST:	ZIP:

RESIDENCE LOCATOR: *Please give directions to your home. Please include street names and numbers, as well as any landmarks, in the description that may be helpful. Thanks!*

CHARGES AND PAYMENT TERMS

- Garbage fees are assessed per **CONTAINER**. You will be charged for service until your container is returned and the account is officially closed.

Please return this form to the Cusseta-Chattoohchee County Commission, 215 McNaughton St Cusseta, GA 31805 (Water Department Building), by **Monday August 24th, 2015**

I have read and understand the above charges and payment terms and I do hereby agree to abide by these conditions.

_____ Proxy Signature
Customer's Signature Proxy Printed Name