



SEWER/GARBAGE SERVICE REQUEST FORM

Date: ____ / ____ / ____

Legal Owners Name: _____
First Last

Service Address: _____ Lot # _____

Billing Address (P.O. Box): _____
(If not the same as above)

City _____ St _____ Zip _____ Phone # _____

Service/Closing date: ____ / ____ / ____ Cell Phone # _____

OFFICE USE

Account Number: _____ APN: _____

Permit Number: _____ Subdivision: _____

Certificate of Occupancy Date: ____ / ____ / ____

SEWER

Prorated Amount: \$ _____ 1 2 3 4 Quarter Amount: \$ _____ Total: \$ _____

ERUs: _____ 1 = Residential/Townhouse/Condo/Patio Homes (1.00 ERU)
_____ 2 = Apartments (.70 ERU)
_____ 5 = Commercial (Calculate fixture units)

GARBAGE

Prorated Amount: \$ _____ 1 2 3 4 Quarter Amount: \$ _____ Total: \$ _____

Can Rental: \$ _____ Quarter Amount: \$ _____ Total: \$ _____

GRAND TOTAL: \$ _____

Paid by (cash) (check) # _____ in the amount of \$ _____

Received on ____ / ____ / ____ by _____

Date can ordered ____ / ____ / ____ Can 1 # _____ Amount: \$ _____

Date can ordered ____ / ____ / ____ Can 2 # _____ Amount: \$ _____

Date Delivered ____ / ____ / ____ Copy to Virgin Valley Disposal ____ / ____ / ____ by: _____