



## Commercial Customer Service Application

Account Name: \_\_\_\_\_ Occ. License #: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Business Description: \_\_\_\_\_ Size: S M L

Service Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
\_\_\_\_\_

Previous Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
\_\_\_\_\_

Garbage service is required by all accounts within the City limits. DEPOSIT AMOUNT INCLUDES MINIMUM REFUSE SERVICE.

Commercial Can, Limit of 5 Cans: \_\_\_\_\_

Commercial Can, Limit or 10 Cans: \_\_\_\_\_

Dumpster Service:

Cubic Yard: 2 3 4 6 8

Weekly Pick Ups: 1 2 3 4 5 6

**The undersigned agrees to abide by all City of Pinellas Park rules and ordinances governing the operation and use of water, sanitary sewerage, and garbage collection services. The undersigned agrees that all information on this data sheet is correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Turn On: \_\_\_\_\_

Deposit Amount Required: \_\_\_\_\_

Please return completed form to the City of Pinellas Park Utility Billing Division at:  
[www.pinellas-park.com/Customerservice](http://www.pinellas-park.com/Customerservice) or [utilitybilling@pinellas-park.com](mailto:utilitybilling@pinellas-park.com).