

Commercial Customer Service Application



Account Name: _____ Occ. License #: _____
Owner's Name: _____ Federal ID #: _____
Owner's Address: _____ Telephone: _____

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