

City of Anna

Phone—618.833.8528

Fax—618.833.3933

*103 Market Street
Anna, IL 62906*

OPTIONAL GARBAGE CUSTOMER APPLICATION

NAME _____

ADDRESS _____

ACCOUNT # _____

EFFECTIVE DATE _____

GARBAGE DAY _____

I WISH TO ADD GARBAGE PICKUP THROUGH THE CITY OF ANNA _____

I WISH TO DROP GARBAGE PICKUP THROUGH THE CITY OF ANNA _____

TO BE ELIGIBLE FOR GARBAGE PICKUP THROUGH THE CITY OF ANNA WITH REPUBLIC SERVICES, GARBAGE PICKUP WILL COMMENCE ON THE FIRST SCHEDULED DAY AFTER THE ABOVE EFFECTIVE DATE. BILLING WILL APPEAR ON THE CITY OF ANNA UTILITY BILL WHICH WILL BE AT THE RATE OF \$17.94 PER MONTH. THIS FEE WILL BE BILLED EVERY MONTH AND WILL NOT BE WAIVED DUE TO ABSENCE FOR EXTENDED PERIODS OF TIME.

I, THE UNDERSIGNED, DO HEREBY UNDERSTAND THE ABOVE PROVISIONS AND REQUEST TO BE SUPPLIED WITH THE SERVICE OF GARBAGE PICKUP. BILLED THROUGH THE CITY OF ANNA AND SUPPLIED BY REPUBLIC SERVICES I AGREE TO PAY TIMELY IN ACCORDANCE WITH THE REGULAR SCHEDULE OF RATES FOR GARBAGE PICKUP UNTIL SUCH TIME AS I ORDER, IN WRITING, THAT THE GARBAGE PICKUP BE DISCONNECTED. SHOULD I FAIL TO COMPLY WITH THIS AGREEMENT, THE CITY OF ANNA MAY CUT OFF THE UTILITIES FROM THE PREMISES WITHOUT NOTICE TO ME AND I FURTHER AGREE TO PAY ALL REASONABLE COST AND ATTORNEY'S FEES INCURRED BY THE CITY OF ANNA AS A RESULT OF MY FAILURE TO COMPLY.

FAILURE TO RECEIVE A BILL DOES NOT RELIEVE THE CUSTOMER OF ANY OBLIGATION TO PAY AMOUNT DUE PLUS ANY LATE CHARGES THAT MAY BE INCURRED.

SIGNATURE OF CUSTOMER _____

DATE _____