Office Use

Date Rec'd _____

Town of Woodstock
Business Refuse and Recycling Service Application

Business Name: _____

Owner/Contact: _____

Contact Phone: _____

Service Address: _____

Utility Account #: _____
(found on your water bill, if applicable)

Business Location: _____ Rent _____ Own

Beginning service date:_____

Service Requested:

_____ Minimum Service (1 refuse container, 1 recycling container)

_____ Number of additional refuse containers

_____ Number of additional recycling containers

I certify that I am requesting that this service be provided by the Town of Woodstock and agree to pay the rate established by the Woodstock Town Council for the services I have requested. I understand that I can cancel service at the beginning of each month and that the Town does not prorate any monthly fees for which I do not desire service or fail to utilize the service. I understand that refuse and recycling containers must be placed at the curb by 7:00am on the day established by the Town Council and that they must be removed by the close of business on that day.

_____ _____

Business Owner Date