



CITY OF YORK REQUEST FOR ADDITIONAL SERVICES

CITY OF YORK : 10 N. Roosevelt St.:PO Box 500: YORK SC 29745 P:(803)684-2341 : WWW.YORKSC.GOV

TODAY'S DATE: _____ ACCOUNT # _____

ACCOUNT NAME _____

ADDITIONAL SERVICES REQUESTED:

CHOOSE SERVICES

- | | | | |
|--|---|-----------------------------------|--|
| <input type="checkbox"/> ROLL-OUT CART | <input type="checkbox"/> RECYCLE BIN | <input type="checkbox"/> DUMPSTER | <input type="checkbox"/> 2 CU ^{YD} |
| | | | <input type="checkbox"/> 4 CU ^{YD} |
| | | | <input type="checkbox"/> 6 CU ^{YD} |
| | | | <input type="checkbox"/> 8 CU ^{YD} |
| | | | <input type="checkbox"/> 10 CU ^{YD} |
| <input type="checkbox"/> ONE TIME PICK UP
<i>(Additional 1 Time Charge)</i> | <input type="checkbox"/> ADDITIONAL ROLLOUT OR DUMPSTER
<i>(Recurring Monthly Fee)</i> | | |

I, _____, RESIDING AT _____

UNDERSTAND THAT THE ABOVE REQUESTED SERVICE(S) WILL BE ADDED TO MY MONTHLY BILL AT A

RATE OF \$ _____ PER MONTH,

CUSTOMER SIGNATURE: _____

FOR UTILITY BILLING USE ONLY:

DATE RECEIVED _____

DATE POSTED _____