

REFUSE SERVICE CHANGE REQUEST FOR ACTIVE ACCOUNTS

RESIDENTIAL

*60 gallon cans are no longer available. If you wish to exchange an existing 60 gallon can for a 96 gallon can, please circle the 60 under REMOVE and add BLACK can. If you wish to remove a 96 gallon can, please circle 96 under REMOVE. Green and blue cans are 96 gallons. Per City ordinance, you must have one of each can; you may only remove EXTRA cans. The City of Hanford is not responsible for incorrect or false information provided by applicant. For further refuse services, please call 559-585-2551.

ADD EXTRA: BLACK (96 GAL ONLY) GREEN BLUE COMMENTS: _____

REMOVE EXTRA: BLACK (*60 OR 96 GAL) GREEN BLUE _____

COMMERCIAL – DUMPSTERS

TRASH:

<u>ADD:</u> 1 YARD <input type="checkbox"/>	1 X WEEK <input type="checkbox"/>	<u>REMOVE:</u> 1 YARD <input type="checkbox"/>	1 X WEEK <input type="checkbox"/>	COMMENTS: _____
2 YARD <input type="checkbox"/>	2 X WEEK <input type="checkbox"/>	2 YARD <input type="checkbox"/>	2 X WEEK <input type="checkbox"/>	_____
3 YARD <input type="checkbox"/>	3 X WEEK <input type="checkbox"/>	3 YARD <input type="checkbox"/>	3 X WEEK <input type="checkbox"/>	_____
4 YARD <input type="checkbox"/>	4 X WEEK <input type="checkbox"/>	4 YARD <input type="checkbox"/>	4 X WEEK <input type="checkbox"/>	_____
	5 X WEEK <input type="checkbox"/>		5 X WEEK <input type="checkbox"/>	_____
	6 X WEEK <input type="checkbox"/>		6 X WEEK <input type="checkbox"/>	_____

ORGANICS:

<u>ADD:</u> 1 YARD <input type="checkbox"/>	1 X WEEK <input type="checkbox"/>	<u>REMOVE:</u> 1 YARD <input type="checkbox"/>	1 X WEEK <input type="checkbox"/>	COMMENTS: _____
2 YARD <input type="checkbox"/>	2 X WEEK <input type="checkbox"/>	2 YARD <input type="checkbox"/>	2 X WEEK <input type="checkbox"/>	_____

RECYCLE:

<u>ADD:</u> 1 YARD <input type="checkbox"/>	1 X WEEK <input type="checkbox"/>	<u>REMOVE:</u> 1 YARD <input type="checkbox"/>	1 X WEEK <input type="checkbox"/>	COMMENTS: _____
3 YARD <input type="checkbox"/>	2 X WEEK <input type="checkbox"/>	3 YARD <input type="checkbox"/>	2 X WEEK <input type="checkbox"/>	_____
4 YARD <input type="checkbox"/>	3 X WEEK <input type="checkbox"/>	4 YARD <input type="checkbox"/>	3 X WEEK <input type="checkbox"/>	_____
6 YARD <input type="checkbox"/>	4 X WEEK <input type="checkbox"/>	6 YARD <input type="checkbox"/>	4 X WEEK <input type="checkbox"/>	_____
	5 X WEEK <input type="checkbox"/>		5 X WEEK <input type="checkbox"/>	_____

ACCOUNT HOLDER NAME: _____ CALIFORNIA ID: _____ BIRTHDATE: _____

AGENT'S NAME: _____ SOCIAL SECURITY or TAX ID #: _____

ADDRESS: _____ SIGNATURE: _____

PHONE #: _____ ***Form is not valid and will not be processed unless all fields are completed.**

FOR OFFICE USE ONLY

ACCOUNT NO:		CITY <input type="checkbox"/>	COUNTY <input type="checkbox"/>	CITY OF HANFORD UTILITY BILLING 315 N DOUTY ST, HANFORD CA 93230 TEL: 559-585-2510 FAX: 559-582-1152 EMAIL: utilitybilling@cityofhanfordca.com www.cityofhanfordca.com
RECEIVED IN OFFICE		COMPLETED		
Date:		Date:		
Time:		Time:		
Employee:		Employee:		