

APPLICATION FOR: ☐ CART SERVICE (limited service area) ☐ COMMERCIAL BAG Date: _____ Business Name: ___ Business Address: Business Phone: Description of Business: Mailing Address (if different than business address): _____ Billing Address: Business Owner/Operator: _____ Business Owner/Operator's Phone: ___ Business Owner/Operator's Driver's License #: Landlord's Name (if applicable): ___ Landlord's Phone (if applicable): Name of Person Responsible paying for the garbage service: _______ Responsible Party's Phone: _ Emergency Contact Name & Phone: ______ Maximum quantity of waste generated per week: Type of waste generated: __ Do you ever dispose of any paints, solvents, electronic waste, tires, liquids, or batteries? $\ \square$ YES $\ \square$ NO I acknowledge that I am responsible for contacting the City of Grand Prairie Utility Services office when I wish to discontinue this service. I understand that I will not receive a refund if I fail to deactivate commercial bag service. I accept all the charges for commercial bag or cart service. I understand I will be billed monthly for commercial bag or cart service on my water bill. IF APPROVED FOR CART SERVICE, an initial cart fee will be applied to my water bill. Current garbage rates can be found in the City of Grand Prairie's ordinance. Business Owner / Operator's Signature Date Landlord's Signature (if applicable) Date For Solid Waste Department Use Only ☐ APPROVED ☐ NOT APPROVED Solid Waste Manager Date