

City of Grand Prairie Application for Commercial Bag/Cart Service

Date:		-
Business Name:		_
Business Address:		-
Business Phone: Descrip	otion of Business:	- -
Mailing Address (if different from business address):_		_
Billing Address:		
Name of Owner/Operator:		_
Owner/Operator's Phone:		_
Driver's License #:		
Responsible Party (if different from above):		-
Responsible Party's Phone:		_
Emergency Contact:		-
Maximum Quantity of Waste generated per week:		_
Type of Waste Generated:		-
Do you ever dispose of any paints, solvents, electronic Yes No	c wastes, tires, liquids, computers, printe	ers, faxes, or batteries?
I acknowledge that I am responsible for contacting discontinue this service. I understand that I will service.	·	
Signature	Date	_
For Solid Waste Division Use Only		
□ Approved □ Not Approved		
Solid Waste Manager	Date	-