

**CITY OF ZILLAH
YARD WASTE**

DATE: _____

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

PHONE #: _____

DATE BEGIN YARD WASTE SERVICE: _____

DATE STOP YARD WASTE SERVICE: _____

EMPLOYER: _____ PHONE: _____

RESIDENT SIGNATURE: _____

HOMEOWNER: _____ RENTER: _____

MAILING ADDRESS: _____

CITY/ZIP CODE: _____

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-FOR OFFICE USE-

ACCOUNT #: _____

COMPUTER: _____

DATE FAXED TO YAKIMA WASTE: _____

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SPECIAL INSTRUCTIONS:

PAID DEPOSIT: _____ BILL DEPOSIT: _____