THE TOWN OF ELIZABETHTOWN
805 West Broad Street, P.O. BOX 716, ELIZABETHTOWN, NC 28337
(910) 862-3979 PH (910) 872-0716 FAX

COMMERCIAL SOLID WASTE SERVICE AGREEMENT FORM

Business Name: _____

Physcial Address: _____

Telephone # _____

Billing Address: _____
Telephone # _____

[ ] Owner [ ] Manager _____
(Print Name Above)

Date: _____ _____
(Signature)

Container #1 Size/Description/Frequency

Container #2 Size/Description/Frequency

Container #3 Size/Description/Frequency

Container #4 Size/Description/Frequency

Container #5 Size/Description/Frequency

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90 Gallon Carts Quantity/Special Notes

Total Cubic Yards Per Month: _____
Elizabethtown Monthy Billing: $ _____
ARS Representative Town Representative:
**NOTE: PRICES ARE SUBJECT TO CHANCE WITHOUT NOTICE!