



Residential Curbside Pickup Application

Date : _____

Customer Name : _____

Address : _____ Adairsville, Ga. 30103

Phone No. : _____

Email Address : _____

Customer Category

- ☐ Residential Curbside Pick up
- ☐ 1 ☐ 2
- ☐ Residential Temporary Backdoor
- ☐ Residential Permanent Backdoor

Situation Description

- ☐ Household Roll Cart Missed
- ☐ Dumpster Missed
- ☐ Provide / Replace Household Cart /
- ☐ Other (List in Other Comments)

Start / Stop Service

_____ Stop Service Date

_____ Customer Moving in / Effective Date

Other Comments: _____

