



Department of Administration & Finance
745 Forest Parkway/P.O. Box 69
Forest Park, GA 30297-0069
404-366-4720 404-608-2344 Fax

RESIDENTIAL SANITATION SERVICE APPLICATION

Please print, read and fill out this form completely.

DATE: ____ / ____ / ____ SERVICE ADDRESS: _____

MAILING ADDRESS (if different): _____

PROPERTY OWNER: _____

TENANT'S NAME (if different): _____

PHONE NUMBER: _____

Have you ever had service with the City of Forest Park? YES: _____ NO: _____

Do you currently have a trash cart at this location? YES: _____ NO: _____

Do you currently have a recycling cart at this location: YES: _____ NO: _____

Please check the appropriate space below:

OWNER/OCCUPANT: _____ OWNER/NON-RESIDENT: _____

TENANT/OCCUPANT: _____

I certify that the sanitation fees are included on the property tax statement and are due and paid by December 20th of each year. Failure to pay by due date could result in additional charges.

Signature

Cashier

OFFICE USE ONLY

ACCT#: _____

ENTERED IN COMPUTER: _____

COPY TO: PUBLIC WORKS: _____ TAX DEPT: _____ FILE: _____