

CITY OF MASSILLON – WASTE DEPARTMENT
ONE JAMES DUNCAN PLAZA
MASSILLON, OHIO 44646

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WASTE COLLECTION AGREEMENT

SERVICE ADDRESS (WHERE WASTE IS TO BE
PICKED UP)

MAILING ADDRESS (IF DIFFERENT FROM SERVICE
ADDRESS)

PERSON RESPONSIBLE FOR PAYMENT (FULL
NAME – INCLUDE MIDDLE INITIAL)

BUSINESS NAME FOR BILLING PURPOSES (IF
APPLICABLE)

SOCIAL SECURITY NUMBER OF ABOVE PERSON

TELEPHONE NUMBER (FROM 8:30 AM TO 4:30 PM)

PLACE OF EMPLOYMENT OF ABOVE PERSON
(COMPANY NAME & ADDRESS)

DO YOU OWN YOUR HOME? Y OR N

FOR OFFICE USE ONLY

DAY OF WEEK FOR SERVICE

SPOUSE'S FULL NAME (IF APPLICABLE)

DAY OF FIRST PICK-UP

SPOUSE'S SOCIAL SECURITY NUMBER

AMOUNT DUE TO BEGIN SERVICE

SPOUSE'S PLACE OF EMPLOYMENT

ACCOUNT NUMBER

PAYMENT IN ADVANCE MUST BE RECEIVED BEFORE WASTE SERVICE WILL BEGIN. SERVICE WILL BEGIN ON FIRST PICK-UP DATE FOLLOWING RECEIPT OF PAYMENT UNLESS OTHERWISE NOTED BY CUSTOMER.

“I DO HEREBY AGREE TO PAY THE CITY OF MASSILLON FOR WASTE REMOVAL AT THE ABOVE LISTED SERVICE ADDRESS. I UNDERSTAND THAT I WILL BE BILLED FOR THIS SERVICE ON A QUARTERLY BASIS AT A RATE DETERMINED BY CITY ORDINANCE. I ALSO UNDERSTAND THAT THIS SERVICE IS PAID IN ADVANCE.”

SIGNATURE

SPOUSE'S SIGNATURE

DATE

DATE