



Department of Public Works - Sanitation Account Application

Date: _____

Account Name: _____ Principal: _____

Address: _____ Billing Address: _____

Telephone: (_____) _____ Email: _____

Type of Business: _____ Operations: _____ Days

Square Footage: _____

Property Information:

Owned: _____ Leased: _____ Other: _____

Term of Lease: _____ Years Expiration Date: _____

Previous Locations:

Address: _____ Contact Person: _____

_____ Telephone: _____

Type of Collection Requested: (Start Date: _____)

Daily: _____ Saturday: _____ Holiday: _____

Optional: 1.5 Cubic Yard Container with lid: _____ (\$100/month additional charge)

_____, state that the above information is accurate/correct to the best of my knowledge. In addition, that he undersigned agrees to pay any and all previously unpaid sanitation fees associated with this specific location, currently existing with the Village of Rockville Centre.

Date: _____ Signature: _____

For Office Use Only: Annual _____ Weight: _____ Monthly Container Rental _____

Accounting _____ Sanitation _____ Administration _____