

# REFUSE SERVICE CHANGE REQUEST FOR ACTIVE ACCOUNTS

## RESIDENTIAL

\*60 gallon cans are no longer available. If you wish to exchange an existing 60 gallon can for a 96 gallon can, please circle the 60 under REMOVE and add BLACK can. If you wish to remove a 96 gallon can, please circle 96 under REMOVE. Green and blue cans are 96 gallons. Per City ordinance, you must have one of each can; you may only remove EXTRA cans. The City of Hanford is not responsible for incorrect or false information provided by applicant. For further refuse services, please call 559-585-2551.

ADD EXTRA:                      BLACK (96 GAL ONLY)                       GREEN                       BLUE                       COMMENTS: \_\_\_\_\_

REMOVE EXTRA:                      BLACK (\*60 OR 96 GAL)                       GREEN                       BLUE                       \_\_\_\_\_

## COMMERCIAL – DUMPSTERS

ADD: 1 YARD                       1 X WEEK                       REMOVE: 1 YARD                       1 X WEEK                       COMMENTS: \_\_\_\_\_

2 YARD                       2 X WEEK                       2 YARD                       2 X WEEK                       \_\_\_\_\_

3 YARD                       3 X WEEK                       3 YARD                       3 X WEEK                       \_\_\_\_\_

4 X WEEK                       4 X WEEK

5 X WEEK                       5 X WEEK

6 X WEEK                       6 X WEEK

## FOOD WASTE:

ADD: 2 YARD                      1 X WEEK                       REMOVE: 2 YARD                      1 X WEEK                       COMMENTS: \_\_\_\_\_

2 X WEEK                       2 X WEEK                       \_\_\_\_\_

3 X WEEK                       3 X WEEK                       \_\_\_\_\_

## RECYCLE:

ADD: 3 YARD                       1 X WEEK                       REMOVE: 3 YARD                       1 X WEEK                       COMMENTS: \_\_\_\_\_

6 YARD                       2 X WEEK                       6 YARD                       2 X WEEK                       \_\_\_\_\_

3 X WEEK                       3 X WEEK                       \_\_\_\_\_

ACCOUNT HOLDER NAME: \_\_\_\_\_ CALIFORNIA ID: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_ SOCIAL SECURITY or TAX ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ **\*Form is not valid and will not be processed unless all fields are completed.**

### FOR OFFICE USE ONLY

ACCOUNT NO:		CITY <input type="checkbox"/>	COUNTY <input type="checkbox"/>	<b>CITY OF HANFORD UTILITY BILLING 315 N DOUTY ST, HANFORD CA 93230 TEL: 559-585-2510 FAX: 559-582-1152 EMAIL: utilitybilling@cityofhanfordca.com www.cityofhanfordca.com</b>
RECEIVED IN OFFICE		COMPLETED		
Date:		Date:		
Time:		Time:		
Employee:		Employee:		