TOWN OF MONTREAT

P. O. Box 423
Montreat, NC 28757
Tel: (828)669-8002 Fax: (828)669-3810
www.townofmontreat.org

BACK DOOR SANITATION SERVICE APPLICATION

Date of Application: _____ Date Service to Begin: _____

Preferred Length of Service: ☐ Full Time ☐ Seasonal 3-Month Period (ex. 6/1 – 9/1)

Name of Applicant: _____ _____
(Last) (First)

Service Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ E-mail: _____

Residency: ☐ Full Time ☐ Seasonal ☐ ETJ (Outside Town Limits)

Emergency Contact Information:

Name of Contact: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Rental Agent: _____

Rental Agent Mailing Address: _____

City: _____ State: _____ ZIP: _____

Agent's Phone: _____ Agent's E-mail: _____

Applicable Fees:

Annual Service	**$175.00**
Seasonal Service	**$ 95.00**
ETJ Service	**$ 25.00 per month**

By signing this application form, I agree that the Town of Montreat has my permission to collect and dispose of residential solid waste from my premises. I further agree that the garbage containers shall be freely accessible and not be placed inside closed buildings or a gated area and that the Town is not responsible for any damage to private property resulting from providing this service.

Customer Signature: _____ Date: _____