



# TOWN OF ROLESVILLE WASTE, RECYCLING, & YARD WASTE COLLECTION SERVICE APPLICATION

**NOTE: This information will remain private and will not be distributed to any person, business, or vendor at any time. The Town of Rolesville ordinance requires that all homes and businesses within the corporate limits have this service through the Town of Rolesville.**

1. Date of application: \_\_\_\_\_

2. Address of account: \_\_\_\_\_

3. Do you Own \_\_\_\_\_ or Rent \_\_\_\_\_? (Please check one)

3. Name(s) to be assigned to account: \_\_\_\_\_

4. Billing Address (if different than address of collection):

Street or PO Box: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

5. SSN: \_\_\_\_\_

6. Email Address (these address(es) will be used for community notifications on upcoming events and programs):

\_\_\_\_\_  
\_\_\_\_\_

7. Telephone Contact Information:

Home: \_\_ (\_\_\_\_) \_\_\_\_\_

Mobile: \_\_ (\_\_\_\_) \_\_\_\_\_

Work: \_\_ (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date