

**APPLICATION FOR ADDITIONAL
96-GALLON ROLL-OUT
GARBAGE CONTAINER
(FOR RESIDENTIAL HOUSEHOLD SOLID WASTE ONLY)**

Required Information Date _____

Occupant Name _____

Telephone # _____ daytime _____ evening. Email _____

Location for Container _____

Rent _____ Own _____ Property owner (if different from Occupant) _____

Telephone # of Property Owner _____

Reason for Request for Additional Container _____

Upon approval of the application for an additional 96-gallon roll-out container, said container will be delivered on Tuesday ___ Thursday ___ to the stated location and placed at the end of the driveway. Resident should move & store the container at the rear of the dwelling. Containers may be placed at the curb 24-hours prior to, and removed from curb 24-hours following, collection. Please note the second cart remains the property of the City of Kannapolis. If you move and your dwelling is still within the City limits of Kannapolis, you may take the second cart with you but you must notify Customer Service of your move and have the \$2.50 monthly fee charged to your new address. If you move outside of the City limits of Kannapolis, you may not take the cart with you as it is the property of the City of Kannapolis. Please notify the Customer Service Center of your move and have the \$2.50 monthly fee removed from the billing at the old address. Please notify the Public Works Department at 704-920-4200 so that we may schedule pick-up of the second cart.

If this container is destroyed or damaged beyond repair due to neglect or abuse by resident, replacement will be the responsibility of the resident. Damaged lids and wheels can be replaced by City crews upon your request to the Public Works Department at 704-920-4200.

Container Fee of \$55.00 & a collection fee of \$2.50 per month will be added to your monthly utility bill and billed in the same manner as water and wastewater services beginning with the next billing.
Fees paid by cash/check/credit/debit card:

Type of card cardholder card number expiration date
Signature of Card Holder _____

I understand and agree to the terms stated in this application

Signature of Applicant Date _____
Date Public Works Dept. Notified _____ Container serial number _____
Date service to begin _____ Water/Sewer Customer _____

Copy to customer and Public Works Department Original to be kept at Billing Office