

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

TRASH:

<u>ADD:</u>	1 YARD <input type="checkbox"/>	1 X WEEK <input type="checkbox"/>	<u>REMOVE:</u>	1 YARD <input type="checkbox"/>	1 X WEEK <input type="checkbox"/>	COMMENTS: _____
	2 YARD <input type="checkbox"/>	2 X WEEK <input type="checkbox"/>		2 YARD <input type="checkbox"/>	2 X WEEK <input type="checkbox"/>	_____
	3 YARD <input type="checkbox"/>	3 X WEEK <input type="checkbox"/>		3 YARD <input type="checkbox"/>	3 X WEEK <input type="checkbox"/>	_____
	4 YARD <input type="checkbox"/>	4 X WEEK <input type="checkbox"/>		4 YARD <input type="checkbox"/>	4 X WEEK <input type="checkbox"/>	
		5 X WEEK <input type="checkbox"/>			5 X WEEK <input type="checkbox"/>	
		6 X WEEK <input type="checkbox"/>			6 X WEEK <input type="checkbox"/>	

ORGANICS:

<u>ADD:</u>	1 YARD <input type="checkbox"/>	1 X WEEK <input type="checkbox"/>	<u>REMOVE:</u>	1 YARD <input type="checkbox"/>	1 X WEEK <input type="checkbox"/>	COMMENTS: _____
	2 YARD <input type="checkbox"/>	2 X WEEK <input type="checkbox"/>		2 YARD <input type="checkbox"/>	2 X WEEK <input type="checkbox"/>	_____

RECYCLE:

<u>ADD:</u>	1 YARD	1 X WEEK	<u>REMOVE:</u>	1 YARD	1 X WEEK	COMMENTS: _____
	3 YARD	2X WEEK		3 YARD	2 X WEEK	
	4 YARD	3 X WEEK		4 YARD	3 X WEEK	
	6 YARD	4 X WEEK		6 YARD	4 X WEEK	
		5 X WEEK			5 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"/>	CITY OF HANFORD UTILITY BILLING 315 N DOUTY ST, HANFORD CA 93230 TEL: 559-585-2510 FAX: 559-582-1152 EMAIL: utilitybilling@hanfordca.gov www.cityofhanfordca.com
RECEIVED IN OFFICE		COMPLETED	
Date:		Date:	
Time:		Time:	
Employee:		Employee:	