

TRASH CAN DEPOSIT
\$45.00 DEPOSIT

Name: _____

Service Address: _____

Telephone Number: _____ **Circle One: Home # or Cell #**

Circle One: OWNER/RESIDENT RENT OWNER OF RENTAL

Notes: _____

By signing below, I agree that this deposit can be applied to any unpaid bill owed to the Town of Cleveland before any refund is issued.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY
Date Deposit Paid: _____ Cash: _____ Check # _____
Trash Can #: _____ Date Delivered: _____ Date Picked Up: _____
Date Deposit Refunded: _____ Amount & Check #: _____
Amount of deposit applied to bill owed _____ Acct # _____
Final Bill Address: _____ _____