



CITY SOLID WASTE DIVISION  
 4101 TRUXTUN AVE, BLDG. A  
 BAKERSFIELD, CA 93309  
 FAX: (661) 852-2121  
 PHONE: (661) 326-3114

## INCREASE/DECREASE COMMERCIAL REFUSE SERVICE

### Section A - Service Request

<b>I AUTHORIZE THE CITY OF BAKERSFIELD TO:</b> (Please indicate request below)			
<input type="checkbox"/> <b>INCREASE/DECREASE SERVICE</b> (Reminder: Automated carts are only once per week.)			
<b>FROM:</b> (Current service level):			
# OF BIN(S) or CART(S):	SIZE: BIN(S) 1.5 CY 2 CY 3 CY	SIZE: CART(S) SMALL LARGE	PICK-UP FREQUENCY: 1 2 3 4 5 6
<b>TO:</b>			
# OF BIN(S) or CART(S):	SIZE: BIN(S) 1.5 CY 2 CY 3 CY	SIZE: CART(S) SMALL LARGE	PICK-UP FREQUENCY: 1 2 3 4 5 6
<b>THE FOLLOWING LINE IS FOR RECYCLING ONLY:</b>			
# OF BIN(S) or CART(S):	3 CY BIN CARDBOARD	BLUE CART CURBSIDE	PICK-UP FREQUENCY: 1 2 3 / Every Other Week
<input type="checkbox"/> <b>ADD LOCKING SERVICE</b> (COMBINATION: _____)			Bin / Blue Cart
<input type="checkbox"/> <b>CHANGE BILLING ADDRESS</b> (Please indicate new address under Billing Information; Section C)			
<b>EFFECTIVE DATE:</b> ___/___/___			

### Section B - Service Location Information (Please print or type)

BUSINESS NAME:	_____
LOCAL BUSINESS TEL #:	_____
SERVICE ADDRESS:	_____
ACCOUNT NUMBER:	_____

### Section C - Tenant/Lessor Billing Information (Please print or type)

NAME:	_____
ADDRESS:	_____
CITY, STATE, ZIP:	_____
TELEPHONE #:	_____
FAX #:	_____
CONTACT PERSON:	_____

### Section D - Property Owner Information (Please print or type)

NAME:	_____
ADDRESS:	_____
CITY, STATE, ZIP:	_____
TELEPHONE #:	_____
FAX #:	_____
CONTACT PERSON:	_____

**\*\*\*\*NOTE\*\*\*\*:** ACCOUNTS 60 DAYS DELINQUENT WILL BE STOPPED UNTIL ACCOUNT IS BROUGHT CURRENT. AT THAT TIME, CUSTOMERS WILL BE REQUIRED TO PAY A DEPOSIT EQUIVALENT TO THE MONTHLY SERVICE LEVEL THEY ARE REQUESTING. WHEN THE ACCOUNT IS TERMINATED/CLOSED THE DEPOSIT WILL BE REFUNDED LESS ANY OUTSTANDING BALANCES IF APPLICABLE.

AUTHORIZED SIGNATURE: _____	TITLE: _____	DATE: ___/___/___
(Office use only)		
Deposit Payment Method: Cash: _____	Check: _____	Credit Card: _____ Amount: \$ _____