

CITY OF NASH, TX

GARBAGE SERVICE AGREEMENT

NEW ACCOUNTS

Customer Account # _____

Account Name _____

Service Address _____

City, Zip _____

Phone #_()_____

Billing Address _____

City, Zip _____

REL X Container(s) 1-3 Service 2X/WEEK

Monthly Service Charges for Scheduled Services Will Be Deducted At Current Rate.

Signature _____ Date _____