



P.O. Box 220 • Ennis, Texas 75120 • (972) 875-1234 • FAX (972) 875-6107 • www.ennistx.gov

ADDITIONAL WASTE CONTAINER FORM

Name on Account: _____

Service Address: _____

Water Billing Account #: _____

Phone Number: _____

By submitting this form I understand:

- I have requested an additional container to be delivered to the service address.
- I will be billed \$5 monthly for the additional container.
- I will be required to keep the additional container for at least six months.
- To return a container, I must call Sanitation and request a work order.

Signature: _____ Date: _____

Email completed form to kdavis@ennistx.gov

FOR OFFICE USE ONLY:

Date Received:	Billing Start Date:	Initials: