



Town of Franklinton

101 N. Main St. Franklinton, NC 27525

Phone: (919)494-2520

Email: trashservice@franklintonnc.us

Residential Garbage Application

Applicant Information

Date: Date of Service to Start:

Resident Name: Date of Birth: SSN:

Driver's License #: Email address:

Service Address:

Mailing address (If Different):

City: State: Phone:

Own or Rent (Please Circle) Landlord's Name if Renting:

Employer Information

Employer Name:

Employer Address: City: Zip:

Employer Phone: Email:

Service Requested

Garbage: 1 Cart: \$25.00 2 Carts: \$ Recycling Can Included

Email Billing Request: Yes or No (Please Circle) Email Address:

Auto Enroll Billing: Yes or No (Please Circle) Email Address:

Emergency Contact

Name of person not residing with you: Relationship:

Phone Number(s): Email Address:

Signature/Authorization

Applicant Signature: Date:

NOTE: Typed name is a binding electronic signature.

Office Use Only

Date Application Received: Date Deposit Paid: Date entered FMS: Initials:

Disclosure of your Social Security number is mandatory under 42 U.S.C. 405 (c)(2)(C)(i). Your Social Security number will be used to facilitate collection of payment if you do not timely and voluntarily submit payment. For collection purposes, your social security number may be disclosed to (i) the state to claim payment from any state income tax refund that might otherwise owed to you; (ii) a bank or an employer to attach bank accounts or garnish wages; and (iii) to other local governments and other departments of this local government to facilitate the collection of taxes and other obligations owed to those governments and departments.