



Mayor Ronny Walker

Residential Recycling and Outside City Garbage/Recycling Application

Customer Service
P. O. Box 307
401 N. Trenton Ave.
Ruston, Louisiana 71273-0307
318-251-8653
318-242-7724
Fax: 318-251-8684

APPLICANT INFORMATION

Name: _____
Service Address: _____ Driver's License No: _____
Telephone No: _____ Date of Birth: ____/____/____
Mailing Address: _____ Social Security No: _____
City: _____ State: _____ Zip: _____
Would you like to receive an electronic copy of your bill? Yes No Email address: _____

SERVICE REQUESTED

- Recycle Inside City Limits - \$10/month**
Collected every week. Monday garbage pickup route will have their recycling picked up every Thursday. Tuesday garbage pickup route will have their recycling picked up every Friday
- Recycle Outside City Limits - \$10/month** Picked up the 2nd & 4th Friday of each month
- Garbage Outside City Limits - \$15/month** Garbage will be picked up once a week on Thursdays.

APPLICATION AGREEMENT

I understand that the net bill is due 15 days after the bill date. The gross amount is due after 16 days. If the gross amount is not paid by 25 days after the bill date, the service will be discontinued and my can will be picked up. Failure to receive a bill does not excuse the customer from responsibility to pay the bill on or before the due date. I will affirm that I am the owner of the property for which services are requested and/or have express legal authority to occupy said property and request such services and agrees to indemnify and hold harmless the City from any liability relating to the authority to occupy said property or request such services. I understand that providing false information may result in service removal.

Applicant Signature: _____ Date: _____

FORM INSTRUCTIONS

The primary applicant must deliver completed applications to the City of Ruston Customer Service Center located on the south side of Ruston City Hall at 401 North Trenton St. A Customer Service Representative will review the application. Positive proof of identification will be required.

OFFICE USE ONLY

Service Date: _____ Work Order No _____ Transfer New Service DL C/A
Account No: _____ Receipt No: _____ Bank Draft: Yes No
Customer No: _____
CSR Signature: _____ Date: _____