

# City of McLendon-Chisholm (CWD)

## Application for (SEWER/TRASH/RECYCLE) Services

EFFECTIVE DATE:

- SEWER
- TRASH/RECYCLING COLLECTION
- TRASH/RECYCLING COLLECTION OOD
- ADDITIONAL CART
- ADDITIONAL CART OOD

Property Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ McLendon-Chisholm, Texas 75032

Mailing Address (if different): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

RESIDENTS: MAKE CHECKS PAYABLE TO:

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**CITY OF MCLENDON-CHISHOLM**

\_\_\_\_\_  
**P O BOX 4728 DEPT 60500**

**HOUSTON TX 772104728**

I HAVE CAREFULLY READ THE COMPLETED APPLICATION AND KNOW THE SAME IS TRUE AND CORRECT AND HEREBY AGREE THAT IF THE SERVICES ARE CONNECTED, I WILL COMPLY WITH ALL PROVISIONS OF THE CITY OF McLendon-CHISHOLM AND APPLICABLE STATE LAWS. I ACCEPT RESPONSIBILITY FOR PAYMENT FOR ALL FEES OR CHARGES AND ANY CIVIL ACTION THAT MAY RESULT FROM FAILURE TO DO SO.

Applicant's Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_