Granville Township

Waste & Recycling Service Registration

Name____ Date __________

Home Address for pick-up:

Street____ Zip_________

Billing Address: _____ same

Street/PO Box____

City ________________________________State_________ ZIP_______

Telephone Number ______________________Email________________

****

Weekly Residential Service	______	**$12.95/month**
Check Optional Services:		
Optional 96 Gallon Toter	______	**$2.75/month**
Optional Weekly Comingled Recycling w/bin	______	**$4.50/month**
Total Monthly Charge		
	$____.____/mo.	

Senior Citizen (65 & older), DOB ______ /_______ /______

Sr. Weekly Residential Service	______	**$11.65/month**
Check Optional Services:		
Optional 96 Gallon Toter	______	**$2.75/month**
Optional Weekly Comingled Recycling w/bin	______	**$4.05/month**

Total Monthly Charge **$____.____/mo.**

Residents will be billed quarterly in advance.

****

Return to:

Big O Refuse
Attn: Granville Township
229 Dayton Rd.
Newark, OH 43055

Fax: 345 4121
Telephone: 345 2086