



Request for Trash Adjustment

All Fields with an asterisk (*) must be filled out to process this request

*Customer Name: _____ *CID# _____

*Service Address: _____

*Date submitted: _____ *Customer Contact Phone: _____

*Description of why trash needs adjusted: _____

If you are claiming that you use another service, then a billing statement from that service MUST accompany this application. Contact phone number should be where our Solid Waste Coordinator may contact you during the day. You will be notified after careful review (approximately 3 business days) if you qualify for a trash adjustment.

The customer is responsible for contacting Best Way Disposal if they don't have proper equipment on site when their service starts. No adjustments will be made due to lack of trash carts at the service location.

I verify that all of the information provided above is accurate and complete regarding my request for adjustment.

*Customer Signature

*Date Requested

----- **Office Use Only** -----

Account Number: _____ CID: _____ Insp: Yes or No

Representative taking application [Initials]: _____ Date Received: _____

PLEASE BRING IN COMPLETED APPLICATION AND ANY REQUIRED DOCUMENTATION TO THE UTILITY OFFICE OR MAIL IT TO P.O. BOX 2100 ANDERSON, IN 46018