City of Brentwood

REGISTRATION FORM

For the Collection and Transportation of Refuse

Please complete and return to the City of Brentwood, P. O. Box 788, Brentwood, TN 37024-0788, Attn: Finance Department. Telephone: 615-371-0060. **THE REQUIRED CERTIFICATE OF INSURANCE MUST BE SUBMITTED WITH THIS FORM.** All applicants shall notify the Finance Department in writing of any changes in the information below within 15 days of the effective date.

Name:_____

Individual, Business or Organization

Contact Person:_____

Address:_____

_____

Phone Number:_____ **Fax:**_____

Email/Website:_____

By signing below, I acknowledge that I have reviewed the SOLID WASTE ORDINANCE, and agree that I will fully comply. To view, click on the ordinance link. Print this form and mail to the address above with the Certificate of Liability Insurance.

_____

Name **Title** **Date**

FOR CITY USE ONLY

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Approved By **Date**