

**CITY OF RAWLINS, WYOMING**  
**APPLICATION FOR LANDFILL ONLY ACCOUNT**

PLEASE READ AND PRINT CLEARLY

UTILITY OFFICE

(307-324-4501 PH) OR (307-328-4555 FAX) EMAIL: utilityclerk@rawlinswy.gov

Landfill Only accounts will be charged \$12.00 Landfill and \$6.00 recycle fee per month.

**Effective Date:** \_\_\_\_\_

Name of Applicant / Business Name \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Current Employer \_\_\_\_\_

Tax ID # \_\_\_\_\_

Applicant Driver License # \_\_\_\_\_ State \_\_\_\_\_

Co-Applicant Drivers License # \_\_\_\_\_ State \_\_\_\_\_

I/We, the applicant(s), agree to pay all fees and charges when due. I/We, further agree to abide by all City rules and regulations concerning landfill uses. I/we agree to notify the City of Rawlins in writing of any changes to the account to avoid Temporary service interruptions

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OVER**

**AUTHORIZED TO RECEIVE ACCOUNT INFORMATION**

Authorized Person(s) to receive Account Information Only:

Please Print

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Authorized Users to Charge to My Landfill Account**

I, give permission to the following people to charge landfill to my account.

Authorized Person(s):

Please Print

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

I understand that the above person(s) can charge to my account and that I am responsible for all charges.

**NOTE:** It is the account owner's responsibility to update this as needed to either add to remove any authorized user.

Signature \_\_\_\_\_ Date \_\_\_\_\_