



City of Waukegan
Application/Renewal for Residential Trash Receptacle
In accordance with 2003-04 agreement

Application Date: _____ Receptacle Number _____

Property Address: _____

PIN Number _____

Number of Units: _____ Current Zoning: _____

Date of Purchase: _____
Month Year

Property Owner(s) Information:

Owner Name: _____

Street Address: (No PO Boxes please) _____

City: _____ State: _____ Zip: _____

Telephone: _____ Emergency Telephone: _____

Fax No.: _____ E-Mail Address _____

Property Manager(s) Information:

Name: _____

Street Address: (No PO Boxes please) _____

City: _____ State: _____ Zip: _____

Telephone: _____ Emergency Telephone: _____

Fax No.: _____ E-Mail Address _____

Signature of Applicant

Total Payment Enclosed _____