



CITY OF MISSOURI CITY
RESIDENTIAL APPLICATION
FOR SOLID WASTE SERVICE



Telephone # 281-403-8500

Fax # 281-403-8979

DATE RECEIVED ___/___/___ ISR _____ DATE STARTED ___/___/___ ACCT # _____

APPLICANT INFORMATION:

*First Name _____ MI _____ *Last Name _____

*Address _____

*City _____ *St _____ *ZI _____

Daytime Phone No.: _____ Rent Own

*DL# _____ *St _____ * Required

SERVICE INFORMATION:

If different: Same as above

First Name _____ MI _____ Last Name _____

Address: _____

City: Missouri City St. TX Zip 77489

Daytime Phone No.: _____ Rent Own

Email Address: _____

Solid Waste services will be billed quarterly (Jan, April, July, and Oct). Invoices will be mailed 10 days prior to the quarterly service date, and payment is due by the 15th day of the first month of each quarter. An optional automatic debit payment service is offered where you can submit payment through your bank account. This form is available on the City's Website at www.missouricitytx.gov. Notification for changes in service must be received in writing by our office no later than the 10th business day of each month to receive credit. Supporting documentation such as a closing statement, rental agreement or water/electric utility bill is required.

The undersigned hereby applies for Solid Waste service with the City of Missouri City and is hereby subject to the policies and procedures in accordance with City of Missouri City code Chapter 78 for Solid Waste. Invoices must be paid by the established due date or a penalty will be applied. Failure to receive your bill does not waive the penalty.

Printed Name _____

Date _____

Applicant Signature _____

Date _____

Submit this form to the following address:
City of Missouri City
Attn: Finance Department
1522 Texas Parkway
Missouri City, TX 77489

or Fax: 281-403-8979
Questions: 281-403-8500