



Commercial / Residential Service

New Customer Information / PH: (775) 727-5587 / FAX: (775) 727-5832

Date: _____

Type of Service: Toilets Hand Wash Holding Tank Other: _____

Last Name: _____ First Name: _____

OR
Business Name: _____ Tax ID# _____

Phone: Home/Work: _____ Cell: _____

Driver License: State: _____ ID#: _____ DOB: _____
(Please provide a copy of photo ID)

Email Address: _____

Additional Account Contact, if any (i.e. Spouse): _____

Landlord/Property Owner: _____ Phone: _____ Self-Owned

Service Address: _____
City: _____ State: _____ Zip: _____
Type of Building: Commercial Apartment House Modular: Single Double Triple
 Other: _____
Color: _____ Trim: _____
If address number is not posted, please provide additional info/description:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Customer Signature: _____ Date: _____

Office Use Only

Service Day: Mon Tues Wed Thur Fri

Service Type: _____ Cross Street: _____

Payment Amount: \$ _____ Entered by: _____