

Walk Out Service Request Form

Customer Information

Customer Name: _____

Service Address: _____

Customer Phone Number: _____

Requestor/Secondary Contact Name: _____

Requestor/Secondary Contact Phone Number: _____

Walk Out Request Information

Reason for Walk Out: _____

Number of Residents at Service Address: _____

Location of Trash and Recycling:

- Trash: _____

- Recycling: _____

Permanent or Temporary Service Requested: _____

Service Begin Date: _____ If applicable, Service End Date: _____

Customer/Requestor Signature

Print Name: _____

Signature

Date

I understand, if this application for walk-out collection service is approved by the City of Alexandria, I hereby grant the City of Alexandria, its employees and contractors authority to enter on to my property for the purpose of collecting solid waste and recycling and hereby waive any and all claims I may have against them for any damage caused by such access, except to the extent any such damage was caused by an intentional act or gross negligence.

Office Use Only: *Date Reviewed:* _____

Solid Waste Collection Day: _____ Solid Waste Collection Route: _____

Staff Approval: _____ Staff Signature: _____