



**REQUEST FOR GARBAGE SERVICE BILLING CHANGE
 ENVIRONMENTAL SERVICES DIVISION
 641 LONG HOLLOW PK, GALLATIN, TN 37066
 615-452-2147
 Return to : rosemary.gammons@gallatintn.gov**

Please print clearly (To be completed by resident)

Date: _____/_____/_____ ****Name and address must match Utility Application**

Name: _____ Telephone: (_____) _____ - _____

Garbage Service Address: _____

Email: _____ Signature: _____

Check one:

Please change the garbage billing at the above referenced address, and **list corresponding serial numbers:**

(0) containers (1) container (2) containers _____

_____ containers _____

The reason for this request is _____

Do you want the City to dispose of your old can? Yes No

<p>Action Taken: (To Be Completed by Environmental Services)</p> <p>Date: _____</p> <p>Approved by: _____</p> <p>Credit: \$ _____</p>
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***Remember recycling bins are located at 641 Long Hollow Pike
 Please Recycle**