

CITY OF GALLATIN

615-452-2147

**Application for Trash Collection
Environmental Services Division
641 Long Hollow Pk, Gallatin, TN 37066**

(For residents inside Gallatin City limits only.)

***This application is solely for the purpose of establishing monthly service.
Cans are **not** furnished but can be purchased from the City Records Office,
or Lowe's. Cans must be approved for use with city equipment***

Please print clearly (To be completed by resident)

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

Name: _____

Street Address: _____ Telephone _____

Email: _____ Signature: _____

**Monthly Billing for Trash pick-up will be charged to your Utility Bill. The rate is
\$12.00 per container per month. Check one:**

Bill for (1) container @ \$12.00 _____ Bill for (2) containers @ \$24.00 _____

Bill for _____ containers @ \$ _____

Will you be purchasing a new container from the City? yes _____ no _____

If no, please provide serial number(s) of container(s) to be used (located on top
Of container): _____/_____

****Please refer to "Overview of Solid Waste Disposal" information packet for
further information regarding trash collection service.**

