



Town of Franklinton

101 N. Main St. Franklinton, NC 27525

Phone: (919)494-2520

Email: trashservice@franklintonnc.us

Residential Garbage Application

Applicant Information

Date: _____ Date of Service to Start: _____

Resident Name: _____ Date of Birth: _____ SSN: _____

Driver's License #: _____ Email address: _____

Service Address: _____

Mailing address (If Different): _____

City: _____ State: _____ Phone: _____

Own or Rent (Please Circle) _____ Landlord's Name if Renting: _____

Employer Information

Employer Name: _____

Employer Address: _____ City: _____ Zip: _____

Employer Phone: _____ Email: _____

Service Requested

Garbage: 1 Cart: \$25.00 2 Carts: \$ _____ Recycling Can Included _____

Email Billing Request: Yes or No (Please Circle) _____ Email Address: _____

Auto Enroll Billing: Yes or No (Please Circle) _____ Email Address: _____

Emergency Contact

Name of person not residing with you: _____ Relationship: _____

Phone Number(s): _____ Email Address: _____

Signature/Authorization

Applicant Signature: _____ Date: _____

NOTE: Typed name is a binding electronic signature.

Office Use Only

Date Application Received: _____ Date Deposit Paid: _____ Date entered FMS: _____ Initials: _____

Disclosure of your Social Security number is mandatory under 42 U.S.C. 405 (c)(2)(C)(i). Your Social Security number will be used to facilitate collection of payment if you do not timely and voluntarily submit payment. For collection purposes, your social security number may be disclosed to (i) the state to claim payment from any state income tax refund that might otherwise owed to you; (ii) a bank or an employer to attach bank accounts or garnish wages; and (iii) to other local governments and other departments of this local government to facilitate the collection of taxes and other obligations owed to those governments and departments.