



City of York Request for Additional Services

City of York · 10 N. Roosevelt Street · P.O. Box 500 · York · SC · 29745 · P:(803) 684-2341 · F:(803) 684-1705 · www.yorksc.gov

Today's Date: _____ Account Number: _____

Current Account Name: (Please Print) _____

ADDITIONAL SERVICES REQUESTED :

Choose Service Requesting

☐

ONE TIME CART OR DUMPSTER PICK UP

(Additional 1 Time Charge)

☐

ADDITIONAL CART OR DUMPSTER DELIVERY

(Recurring Monthly Fee)

Please contact office to confirm rates

Choose Item / Size Below

☐

ROLL-OUT CART

☐

RECYCLING BIN

☐

DUMPSTER:

Choose Dumpster Size

2 cu. yd. ☐

4 cu. yd. ☐

6 cu. yd. ☐

8 cu. yd. ☐

10 cu. yd. ☐

I, _____, residing at _____,

Understand that the above requested service will be added to my monthly utility bill at a

rate of \$_____._____ per month.

Customer Signature: _____

FOR UTILITY BILLING USE ONLY:

Date Received: _____

Date Posted: _____

Other Action Taken: _____