

**\*\*APPLICATION FOR QUARTERLY TRASH FEE CREDIT\*\***

**In order to receive a credit for trash fees this form must be completed and returned to City of Arnold, 2101 Jeffco Arnold, MO 63010.**

Please Print Name on account to be credited \_\_\_\_\_

Address to be credited \_\_\_\_\_ Arnold, MO 63010

Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Months for which you are applying for a credit of trash fees \_\_\_\_\_

**If approved** this application will expire \_\_\_\_\_

**By signing this we acknowledge water service has been turned off at the above address by the Water Company for the months we have applied for a credit and no trash was placed for collection during that time frame.**

**By signing this form we also acknowledge that we are aware of the fact that this application is only in effect for (six) 6 months, the equivalent of two (2) billing cycles. At the end of that time another form must be completed and approved by the City in order to continue the credit of trash fees. It is the responsibility of the person applying for this credit to make sure subsequent applications are received by the City of Arnold. No notices will be sent by the City of Arnold to the applicant that the current credit is due to expire.**

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

\_\_\_\_\_  
Date Application Received

\_\_\_\_\_  
Application Received By