



Town of Columbus

P.O. Box 146- Columbus, North Carolina 28722- (828) – 894-8236

www.columbusnc.com

ADDITIONAL WASTE CONTAINER FORM

Name on Account: _____

Service Address: _____

Water Billing Account #: _____

Phone Number: _____

By submitting this form, I understand:

- I have requested an additional 96 gal. container to be delivered to the service address.
- I will be billed \$7 monthly for the additional container.
- To return a container, I must submit a Waste Container Pick-Up Request form.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received:

Billing Start Date:

Initials:

Email GFL: