



# Mille Lacs Band of Ojibwe

## Application for Solid Waste Service

**APPLICATION WILL NOT BE ACCEPTED WITHOUT ACCOUNT TYPE SELECTED**

\_\_\_ First Can (\$35.00) \_\_\_ Second Can (\$20.00) \_\_\_ First Elder Can (\$0.00) \_\_\_ Second Elder Can (\$20.00)

\_\_\_ Disabled (must submit proof) (\$0.00) \_\_\_ Cancellation Request (\$0.00)

Applicant MLB Enrollment # \_\_\_\_\_ Telephone # \_\_\_\_\_

Full Legal Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Service Conditions:

1. The monthly charge for regular service is \$35 for the first can. The second can for anyone is \$20 per month. **(Rates are subject to change without notice.)** Payment is due by the end of the month following the quarterly bill.
2. I understand that if payment is not received by the end of the billing quarter, the garbage can will be picked up and service terminated. In order to reinstate service, applicant must pay their full unpaid balance before receiving a new can.
3. Customer is responsible for ensuring that their garbage can is positioned at the end of their driveway on the date and time of pick-up.
4. A signed change of service address form must be completed and turned into the Mille Lacs Band of Ojibwe Public Works Department to have your can moved from one address to another.
5. In the event that the customer does not supply an accurate mailing address, this application will be denied.
6. Customer is responsible for requesting termination of their service. A signed request form for termination of service must be completed and turned into the Mille Lacs Band of Ojibwe Public Works Department. An updated mailing address must be supplied when terminating service for those customers with an outstanding balance; otherwise payment will be due in full.
7. **By signing below, I authorize payment to be deducted from my Tribal Bonus, Per Capita and General Welfare Exclusion. I understand that this deduction may exceed the 70 percent (70%) cap placed on bonus deductions and per capita payments and choose this deduction anyway.**

I certify that the above information is complete and accurate, and give permission to the Mille Lacs Band Public Works to verify the information I have provided. I understand and agree with the above outlined service conditions.

Applicant Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**\*Application will not be accepted if incomplete or without signature.**

**\*Quarterly bills are mailed in January, April, July, and October.**