

CITY OF BATTLE CREEK  
MANDATORY REFUSE COLLECTIONS

OPTIONAL SERVICE SELECTION

1. NAME: \_\_\_\_\_

2. SERVICE ADDRESS: \_\_\_\_\_

3. UTILITY BILLING ACCOUNT NUMBER: \_\_\_\_\_

4. OWNER  TENANT

5. OPTION: CHANGE TO BACKYARD SERVICE  CHANGE TO CURBSIDE SERVICE

**ATTENTION: IF APPLYING FOR ELDERLY/HANDICAPPED DISCOUNT YOU MUST ALSO COMPLETE THE "REQUEST FOR ELDERLY/HANDICAPPED DISCOUNT" FORM**

**Information below required to process this request**

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
signature

\_\_\_\_\_  
street address

\_\_\_\_\_  
city/state/zip code

TELEPHONE CONTACT: \_\_\_\_\_  
area code and number