



City of Burnet _____

(512) 756-6093
FAX (512) 756-8560
www.cityofburnet.com

P.O. Box 1369
1001 Buchanan Drive, Suite 4
Burnet, TX 78611

Request for Garbage Service

Customer Name: _____

Address: _____

Account Number: _____

Type of Service Requested: _____

Dumpster Size: _____

Effective Date: _____

E-Mail: _____

Phone Number: _____

The customer has requested the service described above. The customer agrees to any fees that may be added to their account and accepts all responsibilities connected to this request.

Customer Signature

Date

Employee Signature

Date