



New Trash/Sewer Account Form

Mail to: Town of Clarkdale
Utilities Clerk
PO Box 308
Clarkdale, AZ 86324

Fax to: 928-634-0407

Please Note: Service will begin once the first month's payment is received.

Date: _____ Trash: _____ Sewer: _____

Date of 1st Pick up: _____ Size: Large / Small Recycle Container: Yes / No

Own Property _____ **Rent** _____

Name: _____ Driver's License # _____

Physical Address: _____ Phone #: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Property Owner's Information (if renting):

Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Phone Number: _____ Driver's License#: _____

***** **Town of Clarkdale Use Only** *****

Can Delivery Date: _____ Trash List Date: _____

Amount Due: _____ Amount Paid: _____

Acct Number: _____ Computer Updated: _____ Repetitive Billed: _____