



Town of Lake Placid

EXTRA GARBAGE AND DEBRIS PICK UP REQUEST

Date of Request to Town _____ Town Account # _____

Location of Pile _____

Town Customer Name (as is in Town billing system) _____

Town Customer Billing Address _____

Town Customer Telephone Number _____ Email _____

Description of garbage/debris (attach photo if available) _____

Pick up date preferred _____

Payment method (circle one): In person at Town Hall Add to regular utilities bill

Charges will be estimated per Town Ordinance 2016-729, by Town Staff. If payment by addition to utilities service bill is chosen above the signature of the town account owner authorizing the charge is required below.

Account owner or property owner signature

Date

TOWN USE ONLY

Work Order Number _____

Charge of _____ (for ___ tons) is to be paid by customer prior to removal of extra garbage or debris.

Charge established by _____ Work order completed (Date) _____

Notes: _____