**RANKIN COUNTY, MISSISSIPPI**

**SOLID WASTE DEPARTMENT**

**P.O. BOX 1898**

**BRANDON, MS 39043**

**APPLICATION FOR SOLID WASTE DISPOSAL ACCOUNT**

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
|  |  |
| **Address to Receive Service** | Click here to enter text. |
|  | **Street** |
|  |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **City** | **State** | **Zip** |
|  |  |
| **Billing Address** | Click here to enter text. |
| **\*Leave blank if same as above\*** | **Street** |
|  |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **City** | **State** | **Zip** |
|  |  |
| **Phone** | Click here to enter text. |
|  |  |
| **Email Address** | Click here to enter text. |
|  |  |
| **Is property rental property?** |[ ]  **Yes** |[ ]  **No** |
|  |  |
| **If yes, property owner name:** | Click here to enter text. |
|  |  |
| **If yes, lease start date:** | Click here to enter text. |
|  |  |
| **If no, deed date:** | Click here to enter text. |
|  |  |
| **Are you age 65 or over or 100% Disabled?**  |[ ]  **Yes** |[ ]  **No** |
| **\*You must complete Application for Rate Reduction\*** |  |
|  |  |
| **Do you wish to have your payment automatically drafted each quarter?** |[ ]  **Yes** |[ ]  **No** |
| **\*You must complete Draft Authorization form\*** |  |