



ADDITIONAL SANITATION CONTAINER REQUEST

Curbside Customer Information (please print):

Name: _____ Account No. _____

Address: _____

Telephone Number: _____ Email: _____

Read the following carefully and check the box if you agree with the statement:

- I am requesting an additional container and understand that I will be billed an additional \$8.00 per month.

Citizen Signature: _____ Date: _____

Return completed form to the City of Brenham:

- Email: jhynes@cityofbrenham.org
- Mail: PO Box 1059, Brenham, TX 77834-1059
- Drop off at Utility Customer Service

**Should you have any questions, please contact
JoAnne Hynes at 979/337-7440**

RECEIPT OF REQUEST

Received by: _____

- City of Brenham
- BVR Waste and Recycling

Telephone Number: _____ Email: _____