CITY OF HELENA

NEW RESIDENTIAL SOLID WASTE CONTAINER RECEIPT

(406) 447-8450

www.helenamt.gov

Date Requested _____

Owner of Property _____

Type of Residence single family residence **(Select Type)**

Address for Delivery _____

Mailing Address _____

Daytime Phone _____

Container will be delivered to residence normally with 3 business days.

Print, Sign, Bring Form, and Proof of Property Ownership to

City-County Building-316 N Park Avenue-Accounting Division, Room 150

_____

CUSTOMER NAME

_____

CUSTOMER SIGNATURE

Office Use Only

Geo Code _____

Amount Paid in Full: _____ Check #_____ Cash _____ Credit Card_____

(Accounting Division will Assess Fee)

Permit # _____

_____

AUTHORIZED PERSONNEL SIGNATURE