



1700 First Street Seabrook, TX 77586  
Office: 281-291-5734 Fax: 281-291-5690  
Website: [www.seabrooktx.gov](http://www.seabrooktx.gov) Email: [ub@seabrooktx.gov](mailto:ub@seabrooktx.gov)

### Commercial Garbage Application

Date Requested: \_\_\_\_\_ New Service: \_\_\_\_\_ Change Service: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Contact email: \_\_\_\_\_

<b>Commercial New Service</b>
# and Size of Container(s) _____
# Of Pickup Requested _____
<hr/>
<b>New Service for Polycart</b>
# of polycarts _____

<b>Commercial Change Service Request</b>
Change Service To:
Size _____ Total Pickups _____
<hr/>
<b>Polycart Change Request</b>
# of polycarts _____

### Additional Fees per month:

Castors \$34.71 Locking Device \$47.17 Relocate Fee \$184.72 Snapshot Fee \$190.00

By signing below, I am authorizing the City of Seabrook and Waste Management to deliver or change Garbage/Recycle container(s) to my residence and be billed according to the Master Fee Schedule monthly.

Signature \_\_\_\_\_ Date \_\_\_\_\_