



Information Sheet

Company Name: _____

Your Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Drivers License # _____

Bulk Water _____ Bulk Sewer _____ Roll-off _____ Misc. _____

Beginning Reading: _____ Ending Reading: _____

Roll-off Size: 20 Yard _____ 30 Yard _____ 40 Yard _____

Address Location for Roll-off: _____

Description (Roll-off Placement, Reason for Roll-off, Date needed, etc): _____

Signature: _____ Date: _____

**Failure to pay within 30 days of invoice will result in the issuance of a
civil citation and / or municipal summons for nonpayment.**

City of Mount Vernon

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