



Application for Solid Waste Service
City of Fountain Inn
200 North Main Street
Fountain Inn, SC 29644
(864)409-3310
Email: lori.cooper@fountaininn.org
www.fountaininn.org

Name: _____

Service Address: _____

Subdivision: _____

Phone #: _____ Email: _____

_____ Trash Container (\$80.00 each)

_____ Recycle Container (\$50.00 each)

_____ 2nd Container Annual Service Fee (\$96.00)

Total Due: _____

Signature

Date

Please Note: Maximum of two trash containers per residence.

For office use only:

Delivery Date: _____ Date Paid: _____ Payment Method: _____ Received by: _____
Container(s) serial number: _____