

**CITY OF TUCSON
ENVIRONMENTAL SERVICES (ES) DEPARTMENT**

(520) 791-3171 - FAX: (520)791-4156

ATTN: ES-CUST Svc

PO Box 27210 85726

WWW.TUCSONAZ.GOV/ESD

ESHLP@TUCSONAZ.GOV

Enter Neighborhood Association or HOA: _____

Name of President or Responsible Party: _____ Title/Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Primary Roll Off Drop Off Date: _____ Primary Roll Off Pickup Date: _____

Alternate Roll Off Drop Off Date: _____ Alternate Roll Pick Up Off Date: _____

Requested Number of Roll-offs: _____

Placement of Roll Off Containers: Provide the full street address (i.e. street number and name) of the proposed locations for the Roll Off containers. If Roll Offs are to be placed in the street, provide the closest address and provide (i.e. north of this address, in street in front of this address, etc.) in the Additional Information Section. If Roll Offs are to be placed on private property, the NA or the HOA, is required to obtain written permission from the property owner and provide the owners name and phone number. It will be attached to this application

Neighborhood Association requests a postcard to be sent to each household? Yes No (Check box)

1. Roll Off Location Address: _____

Street Location: Yes No If No, location placement of Roll Off (easement, parking lot, etc) _____

2. Roll Off Location Address: _____

Street Location: Yes No If No, location placement of Roll Off (easement, parking lot, etc) _____

3. Roll Off Location Address: _____

Street Location: Yes No If No, location placement of Roll Off (easement, parking lot, etc) _____

4. Roll Off Location Address: _____

Street Location: Yes No If No, location placement of Roll Off (easement, parking lot, etc) _____

For Official Use Only			
Approved	Denied?	Reason Denied:	Cust?
Customer ID	Location ID	Delivery Date	Calendar?
# of Boxes	Barricades Needed?	Pickup Date	NA List?
Routing Updated	Naviline Updated?	ES Staff Member	Site Check?