



Chief Executive Officer
Michael L. Thurmond

Board of Commissioners

District 1
Robert Patrick

District 2
Michelle Long Spears

District 3
Larry Johnson

District 4
Steve Bradshaw

District 5
Mereda Davis Johnson

District 6
Edward "Ted" Terry

District 7
Lorraine Cochran-Johnson

Establishing Commercial Sanitation Collection Service

Dear Commercial Customer:

Thank you for your interest in establishing commercial sanitation collection service with us. We are delighted that you will join thousands of other businesses currently a part of our commercial customer base.

Attached is a commercial sanitation service application packet. Please complete all applicable forms in their entirety. Businesses seeking to establish service will be required to provide several documents to establish ownership and eligibility to be approved for a sanitation service account. Please see the document titled *Requirements for Establishing Commercial Sanitation Service* for more information on the requirements for establishing a commercial sanitation account.

Once completed, the new service application and supporting documentation can be emailed to CommercialService@dekalbcountyga.gov; **OR** submitted in person at the Sanitation Division's administrative office, 3720 Leroy Scott Drive, Decatur, GA 30032; **OR** mailed to the Sanitation Division's administrative office; **OR** submitted via a secure drop box located outside the front entrance to the Sanitation Division's administrative office (visit www.dekalbsanitation.com for more information).

The Sanitation Division continues to meet the challenges of an ever-increasing customer base, with a sustained focus on customer service excellence. Our approach to serving you is reflected in our primary mission of maintaining a culture of operational excellence, and as reflected in our Employee Creed of Service - A Tradition of Efficiency, Resilience, Accountability and Integrity.

Should you have any questions or concerns, contact our Customer Care team at 404-294-2900 or CommercialService@dekalbcountyga.gov. On behalf of our various operational areas, we look forward to serving you.

At your service,

Tracy A. Hutchinson
Division Director
Sanitation Division ♦ Beautification Unit



Sanitation Division Administrative Office



3-yard container

Commercial Garbage Dumpster



CNG Station – Seminole Road Landfill



Sanitation Division CNG Fleet



Glass Recycling Program

Customized Commercial Recycling Programs

DeKalb County School District
DeKalb Senior Center Recycling Program
Institutions of Higher Education Recycling Program
And more

Commercial Account Application

Date _____

Business name _____

Service address _____

City/State _____ Zip code _____

Phone _____ Fax # _____

Email _____

Billing address _____

(if different than service location address)

Authorized account contact: Name _____

Phone _____ Email _____

Requested container size (check all that apply)

- ☐ 3-yard front-load dumpster
 ☐ 4-yard front-load dumpster
☐ 6-yard front-load dumpster
 ☐ 8-yard front-load dumpster
☐ County-provided 30-yard compactor
☐ Customer-provided 30-yard compactor

Servicing frequency: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

(Number of days per week; please check one)

Scheduled collection day(s): Customers can be serviced up to six times per week; collection days will be determined by the commercial collection team and provided to customers.

Prepayment amount: \$ _____

(A container delivery and removal fee of \$150 AND the equivalent of one monthly service fee)

Container fee (one-time fee): \$ _____ **Monthly fee:** \$ _____

Customer signature _____ Date _____

For commercial hand-collection requests (roll carts), a site assessment by the Commercial Services team must be completed. A determination will then be made regarding the type of service appropriate for the location.

Commercial account applications can be submitted in person, or via email, USPS mail or secure drop box. Please allow three to five business days for container delivery once payment has been received. Please make check/money order payable to the DeKalb County Sanitation Division.

For Office Use Only

Form of payment: Cash Card Check Check # _____
(Please circle one)

Service request # _____ District _____ Route _____

Customer # _____ Location # _____ Service day(s) _____

C.S. Rep. signature _____ Date _____

Container delivery date _____ W/O # _____