



Phone: (724) 226-8320  
Fax: (724) 226-8322  
4201 Arnold Ave  
Lower Burrell, PA 15068

www.shankwasteservice.com

**TO ALL CUSTOMERS:**

Please take the time to complete this form and return with your payment or if paying online please email the completed form to [custsvc@shankwasteservice.com](mailto:custsvc@shankwasteservice.com) (pdf version is available on the website). This will help us maintain up to date information for service, communication, and the waste industry's government reporting requirements to your municipality:

Co-Cust#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(this is the 10-digit number on your Statement) Cart #: \_\_\_\_\_

Account Name: \_\_\_\_\_  
First Middle Initial Last

Complete Service Address: \_\_\_\_\_  
House # Street Name Apt./Unit #

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

If applicable name at the entrance of your Housing Plan, Town Home or Mobile Home Community: \_\_\_\_\_

**\*Required: Municipality:** \_\_\_\_\_ County: \_\_\_\_\_  
(Borough, City or Township where you live. Example Fawn Twp.)

Complete Billing Address: \_\_\_\_\_  
(if different from above) House # Street Name Apt./Unit #

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_

I would like to receive my bill via Email. By selecting this option, your next statement will be sent to you from [custsvc@shankwasteservice.com](mailto:custsvc@shankwasteservice.com). If you do not receive your quarterly statement, please check your spam/detained folder.

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Authorized Additional Person on Account: \_\_\_\_\_

Authorized Additional Person Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

If you live in a rural area, please provide directions from the nearest main road.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please remit payments to:  
Shank Waste Service, Inc  
PO BOX 856  
Mars, PA 16046**