



## ***Account Information Update***

*You have indicated that you would like to submit your request for Special Carry Out Trash pickup service.*

Please help us establish the service by submitting the following information.

***Service Address*** \_\_\_\_\_

***Name (Last Name, First Name)***

\_\_\_\_\_

***Mailing Address (if different than service address)***

\_\_\_\_\_

\_\_\_\_\_

***Home Phone, Work Phone, and/or Cell Phone***

\_\_\_\_\_

***E-mail Address***

\_\_\_\_\_

***Driver's License (State & Number)*** \_\_\_\_\_

***Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

Please return this completed form to [UtilityBilling@fairviewtexas.org](mailto:UtilityBilling@fairviewtexas.org) or:

**The Town of Fairview  
Utility Billing Department  
372 Town Place  
Fairview, TX 75069**