



CITY OF SCHERTZ
UTILITY BILLING OFFICE
1400 SCHERTZ PKWY, SCHERTZ, TX 78154
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Special Collection Assistance Service Application

New Requests and Annual Renewals for Existing Approvals

Applicant Information

Date of Application: _____

Full Name: _____ Cell Phone: _____ Home Phone: _____

Residential Address: _____ Email: _____

Initial Below:

____ I authorize Frontier Waste Solutions personnel to enter my property for the purpose of providing solid waste collection services.

____ I will ensure safe passage for Frontier Waste personnel to retrieve my garbage and recycling carts.

____ I understand that Frontier Waste Solutions personnel will not retrieve waste carts from behind a fence or gate and that my carts must be within plain sight of the curblane.

____ I understand that Frontier Waste Solutions personnel will not put waste or recyclables in my carts for me or move my brush/bulk to the curbside for pickup.

____ I understand that Frontier Waste Solutions personnel will return my carts to the same location they were retrieved.

____ I understand that it is my responsibility to keep the City of Schertz informed of any changes for the purpose of discontinuing this service.

____ I understand that incomplete applications will not be processed and that I will not receive Special Collection Assistance.

____ I certify that there is no one living and/or employed in my household who can roll my garbage cart out to the curb on my behalf.

Signature of Applicant: _____

Date: _____