



City of Mount Rainier
One Municipal Place, Mount Rainier, MD 20712
Telephone: 301-985-6552 Fax: 301-985-6595
www.mountrainiermd.org

Service Request Form

Name: _____ **Date:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Telephone Number: _____ **Email Address:** _____

Type of Service Request:

<input type="checkbox"/> \$25.00 Tree Removal Waiver Fee	<input type="checkbox"/> \$50.00 Tree Removal Permit Fee
<input type="checkbox"/> \$50.00 Minimum Special Bulk Trash Pick-up	<input type="checkbox"/> \$25.00 Bulk Pick-Up Appliance Fee (Refrigerator, AC Unit, Dishwasher, Etc.) Tire Fee without rim \$5____ with rim \$6____
<input type="checkbox"/> \$27.00 64-gallon Recycle Bins	<input type="checkbox"/> \$44.00 48-gallon Trash Bins quantity _____
<input type="checkbox"/> \$20.00 Residential Parking Permit (limit 2 per household) quantity _____	<input type="checkbox"/> \$10.00 Visitor Parking Pass (limit 1 per household)

Service(s) Total: \$ _____ Notes: _____

Additional Cost: \$ _____ Notes: _____

Amount Due: \$ _____

Payment Method: Money Order _____ Cash _____ Check # _____ Credit Card _____

Payment Received by: _____ Date: _____

Homeowner/Customer Signature: _____ Date: _____