## GARBAGE AND RECYCLING SERVICE COMPLAINT FORM



## **WASHINGTON COUNTY**

Solid Waste & Recycling Program
155 N First Ave, MS 5A
Hillsboro, OR 97124
Ph. 503-846-3605 Fax 503-846-4490
Email the completed form to:
enforcement@co.washington.or.us

## For use in reporting service complaints related to solid waste and recycling services

FOR OFFICE USE ONLY:			
Received:			

Α.	What is the address of the property receiving collection service?			
	address number	street name	city	
В.	. What is the name of the hauler providing collection service?			
C.	What is your name?			
D.	D. Please provide your address if different from the service address listed above:			
	address number	street name	city	
	zip	state		
Ε.	Please provide your daytime phone number and email address so that we may contact you:			
	Daytime phone	Email address		

Please provide comprehensive information when describing your service issue below.

F. Describe the service issue that you are reporting. Please indicate whether you have contacted the hauler about this issue, and if possible, provide the name and title of the person you spoke with and the response you received from the hauler's office. Please explain what you think the hauler should do to resolve your service issue. (*more space is provided on the next page if needed*)

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