



RESIDENTIAL TRASH & RECYCLING PROGRAM

 Resident Name Date

_____-_____-_____
 Phone Number Email

 Number and Street City State Zip

(1) 35 or 65 gallon trash cart (\$50)

(1) 35 or 65 gallon recycling cart (\$50)

Official Use Only

| | | |
|---|---|--|
| Payment: Cash Check Credit Card | Line Item: --_____-21-10-364-510 | |
| <div style="text-align: center;">Cart Numbers</div> | <div style="text-align: center;">Delivered</div> | <div style="text-align: center;">Date</div> |