



## 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

<b>Payment:</b>	Cash	Check	Credit Card	<b>Line Item:</b> --_____-20-10-364-510
<b>Cart Numbers</b>			<b>Delivered</b>	<b>Date</b>