



CITY OF FULSHEAR

PO BOX 1134 / 29255 FM 1093 #12-A
FULSHEAR, TX. 77441
PHONE: 281-346-1796 * FAX: 281-346-2556
www.fulsheartexas.gov

Recycling Service – Opt In Agreement

(PLEASE PRINT in Blue or Black Ink)

Date: ___/___/___

Responsible Party Name: _____
Last First M.I.

Company Name (if applicable): _____

Physical/Service Address: _____
Street
City State Zip Code

Mailing/Billing Address: _____
(If Different Than Above) Street
City State Zip Code

Primary Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Email Address: _____

By signing on the line below, I choose to opt into the Recycling Services provided by the City of Fulshear through Royal Disposal and Recycle and agree to pay \$3.29 per month in addition to the \$14.71 for solid waste services. I understand that I will receive a ninety-five gallon recycle cart from Royal Disposal and Recycle that is to be used for recycle products, outlined in the Recycle Spec Sheet only (found at www.fulsheartexas.gov).

X _____
Responsible Party Signature

- Your recycle cart will be delivered to the service address listed above before the next billing cycle
- Recycle is collected on Wednesdays, at the same time as solid waste

**Please note: A copy of a government issued, photo ID (i.e. TX Driver's License) or your Social Security Number is required to be on file to process your request.

For Office Use Only:

Date Received: ___/___/___ by: _____