



# CITY OF FULSHEAR

PO BOX 1134 / 29378 McKinnon Suite 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: \_\_\_\_\_