



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

Date: ___/___/___

(PLEASE PRINT in Blue or Black Ink)

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 WCA and agree to pay \$4.81 plus tax per month. I understand that I will receive a 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: _____