



CITY OF FULSHEAR

Recycling Service – Opt Out 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: _____

Please complete the following questions to assist us in improving this program for all city residents.

I, _____, choose to opt out of the city's curbside recycling program because (select all that apply)

1. I do not have an interest in recycling.
2. The monthly fee of \$4.81 plus tax is too much to pay to support the program.
3. Other (please specify)

By signing on the line below, I choose to opt out of Recycling services provided to me by the City of Fulshear, Texas. I understand that by opting out of said service, I relinquish my current recycle cart to its franchise and I will not receive or utilize recycle service. I understand that I can opt back into the recycling program at any time, by submitting the proper documentation to the City of Fulshear.

X _____
Responsible Party Signature

*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.

DL# _____ State: _____ SSN# _____

For Office Use Only:

Date Received: ___/___/___ by: _____