



# 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: \_\_\_\_\_ ACCT# \_\_\_\_\_

For Office Use Only:

Date Received: \_\_\_/\_\_\_/\_\_\_ by: \_\_\_\_\_