



CITY OF FULSHEAR

PO Box 279 / 30603 FM 1093

Fulshear, Texas 77441

Phone: 281-346-1796

Fax: 281-346-2556

www.fulsheartexas.gov

Recycling Service – Opt In Agreement

Account Holder Name (Last, First): _____

Service Address: _____

Street

City

State

Zip Code

Billing Address: _____

Street

City

State

Zip Code

Day Time 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 & 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 _____

Account Holder 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.

DL# _____ State: _____ SSN# _____

For Office Use Only:

Date Received: ____/____/____ by: _____