



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 Out 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: _____

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 \$3.29 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 _____
Account Holder Signature

*Please note: A copy of a government issued, photo ID (i.e. TX Driver's License) is required to be on file to process your request.

Date Received: ____/____/____ by: _____