



CITY OF FULSHEAR

Utility Department
PO Box 1134 / 29255 FM 1093, Suite 12B
Fulshear, Texas 77441
Phone: 281-346-8830
www.fulsheartexas.gov

Recycling Service – Opt in/out
(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

Primary Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Email Address: _____

Please Select one of the following

____ recycle opt in (\$5.32 monthly fee)

____ recycle opt out

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

ACCT# _____

For Office Use Only:

Date Received: ____/____/____ by: _____