

CITY OF STARKVILLE
SANITATION AND ENVIRONMENTAL SERVICES
RECYCLING PROGRAM ENROLLMENT FORM

Submit this form **ONLY** if you plan **TO** participate in the Recycling Program.

This form serves as notice to the Sanitation and Environmental Services Department that you wish to enroll in the Recycling Program. Please complete the form, sign it and return it to Sanitation and Environmental Services Department, 506 D.L. Conner Drive. To verify residency, please bring a picture ID and your most recent utilities statement.

By checking these boxes and signing this form, you acknowledge the following:

- I understand the terms of participation in the Recycle Program. I wish to enroll in the Recycling Program at this time.
- I understand that I will be charged \$2.00 per month for participating in the recycling program
- The fees for participating will be billed through my utilities account and shown monthly on that statement.
- I agree to follow the terms and conditions set forth by the Mayor and Board of Aldermen for participating in the recycling program.

_____ Print Your Name	_____ Address
_____ Telephone Number	_____ Starkville Utilities Acct. #
_____ Signature	_____ Date
_____ <i>Verified By</i>	_____ <i>Date</i>