

Fax: (801) 535-6988

Email: slcwasteandrecycling@slcgov.com

Request to OPT OUT of City Recycling Collection Service (Blue bin)

| Property Owner: | | | - | |
|---|--|--|------------|--|
| Mailing Address: | | | | |
| Service Address: | | | | |
| Water Account # | Phone # | | | |
| you to place recyclable items signing this form, the property Opting out of the curbside recollection service fee which income | such as paper, plastic, cardboard owner agrees that recyclable named cycling program will not change cludes the cost of providing all v | d, and aluminum in a cinaterial will be delivered by a constant of the constan | | |
| I have | OPTING read and understand this infor | | ese terms. | |
| | | | | |
| Property Owner Signature | | Date | | |
| Return completed form to t | the Salt Lake City Waste and | Recycling Division: | | |
| Mail: P.O. Box 145540. Salt Lak | ce City. UT 84114-5540 | | | |

For more information call 801-535-6999 or visit www.slcgreen.com Para información en Español llame 801-535-6999.