

Date	

REQUEST FOR RECYCLING CONTAINER(S)

MUST BE LEGAL PROPERTY OWNER OR HAVE AFFIDAVIT ON FILE FROM PROPERTY OWNER

Property Owner/Billing Name				
Service Address				
City	State	Zip	Phone	
Mailing Address				
(If different from above)				
Check Container Desired	[] Aluminum/	Metal Contain	er	
	[] Newspaper	Container		
Legal owner will be responsible for recycling container(s). If lost or stolen, responsible party				
will be billed for them on the next Sanitation billing @\$35.00 per container.				
Legal Owners Signature		Print Name	e	
Internal Use				
Account #		Subdivision		
Aluminum/Metal Container	#	Ordered	Delivered	
Newspaper Container #		Ordered	Delivered	
Copy to Virgin Valley Disposa	al		Ву	