

Recycling Service Refusal Confirmation

Name of I	Business / Multi-Family Complex:
Address: _	
Contact n	ame and title:
Contact p	hone:
Contact e	mail:
Service provider (hauler):	
Trash serv	ice level: cubic yards, collectedtimes per week month
Monthly service cost for trash only (without recycling):	
Recycling service level that would be required (33% of overall service level):	
	cubic yards, collectedtimes per week month
Monthly cost of recycling service described above:	
Combined monthly cost:	
Reason for declining recycling service (check all that apply)	
	ried recycling and it didn't work for me
	don't want to recycle
	don't think my customers / employees / residents will use the recycling bins
	don't have space for recycling inside my location
	don't have space for recycling in my enclosure
□ 0	ther:

I confirm that my location is electing to pay for recycling service required by the Community Recycling Ordinance but not to receive the actual recycling bins / service at my property.

Signed _____

date_____