## YARD WASTE CURBSIDE PICKUP ENROLLMENT FORM



| APPLICANT NAME:   |  |
|-------------------|--|
| STREET ADDRESS:   |  |
| CITY, STATE, ZIP: |  |
| PHONE:            |  |



I understand by signing below I am choosing to participate in the Yard Waste Curbside Pickup Program. The Yard Waste Curbside Pickups will occur on the first Wednesday of the month starting in April and ending in October as weather permits. In October there will be a Yard Waste Curbside Pickup each Wednesday as weather permits. Yard waste should be bundled or bagged and placed on the boulevard of the residence by 8:00 AM.

| APPLICANT | SIGNATURE: |
|-----------|------------|
|-----------|------------|

DATE: \_\_\_\_\_

## PERMIT VALID FOR THE CALENDAR YEAR IN WHICH IT IS APPLIED FOR.

| OFFICE USE ONLY |      |         | Payment Stamp |  |  |
|-----------------|------|---------|---------------|--|--|
| CITY CLERK:     |      |         |               |  |  |
|                 |      |         |               |  |  |
| DATE PROCESSED: | FEE: | \$25.00 |               |  |  |

The City of Lamberton is an equal opportunity employer and Provider