

640 Goddard Avenue PO Box 459 Ignacio, CO 81137 970-563-9494

**Town of Ignacio**

**Curbside Recycling Service Application**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing below, I authorize the Town of Ignacio to assess the monthly recycling service fee, set by the Board of Trustees of the Town of Ignacio and which may be amended from time to time, to the monthly utility billing statement associated with the above Service Address and Utility Account Number. I understand that failure to pay this amount may result in the discontinuation of my service.

I also agree to only place accepted recycling materials in the poly-cart provided by the recycling and understand that placement of non recyclable material or hazardous material may result in discontinuation of service.

Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Owner Release:**

As owner of this property, I am responsible for water, sewer, garbage and recycling fees including penalties, interest, collection fees and turn-on or turn-off fees. I agree to allow the bill to be sent to the renter/tenant, but understand I am ultimately responsible for payment. **It is not the obligation of the Town to inform me when bills are delinquent. It is my responsibility to inquire about billing status.**

**Property Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Property Owner Signature: Date:

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