

## SANITATION REDUCED CONTAINER SIZE REQUEST

Curbside Customer Information	(please print):	
Name:	Account No	
Address:		
Telephone Number:	Email:	
_	arefully and check the box beside the statement you agree I 96-gallon) for my curbside collection because:	with. I request a smaller
-	ount of waste that necessitates a 96-gallon container. e Recycling Program. (This will NOT reduce my monthly sa	nitation fee).
I understand that I will still receiv	ve once per week collections with the reduced container si	ze.
Citizen Signature:	Date:	
	Return completed form to the City of Brenham:	
	<ul> <li>Email: <u>jhynes@cityofbrenham.org</u></li> <li>Mail: PO Box 1059, Brenham, TX 77834-1059</li> </ul>	
	Drop off at Utility Customer Service	
	Should you have any questions, please contact JoAnne Hynes at 979/337-7440	
	RECEIPT OF REQUEST	
<ul><li>Permanent</li><li>Temporary until (date)</li></ul>		
Received by:		
<ul><li>City of Brenham</li><li>BVR Waste and Recycling</li></ul>		
Telephone Number:	Email:	