

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: | |
| | Email: <u>jhynes@cityofbrenham.org</u> Mail: PO Box 1059, Brenham, TX 77834-1059 | |
| | Drop off at Utility Customer Service | |
| | Should you have any questions, please contact JoAnne Hynes at 979/337-7440 | |
| | | |
| | RECEIPT OF REQUEST | |
| PermanentTemporary until (date) | | |
| Received by: | | |
| City of BrenhamBVR Waste and Recycling | | |
| Telephone Number: | Email: | |