Recycling Fee Adjustment Form

Account Number: _____

Service Address: _____

Total # of Units: _____

# of Occupied Units: _____

# of Units Unoccupied for Month: _____

Changes Effective for Month of: _____

I certify the above corrections are true and that I am the property owner or an authorized agent of the property owner. (Note: These changes are only good for the month stated above.)

Signed: _____ Phone: _____

Date: _____

Identification: _____

Certified By: _____