CITY OF BLUE GRASS

114 North Mississippi Street
Blue Grass, IA 52726
Phone: (563) 381-4700 Fax: (563) 381-2801

GARBAGE/RECYCLING SIGN-UP APPLICATION

Date:_____ Account Number: _____

I, _____ ☐ Owner ☐ Renter (check one)

Spouse _____ (if applicable)

hereby request the City of Blue Grass to provide recycling and garbage services

at _____effective _____.

Billing for the above services should be sent to:

Name: _____

Address: _____

_____

Phone Number: _____ S.S.N. #_____

Spouse Phone Number: _____ Spouse S.S.N.# _____

Place of Employment _____ Work Phone #:_____

Email Address: _____

All subscribers to the Blue Grass Utility System must be in compliance with Title 13 of the Blue Grass Municipal Code.

I verify that all statements made on this application are correct.

_____
Signature

_____
Emergency contact person and phone number

If rental: Property name and address of landlord:

_____

_____

_____

NOTE: WHEN LEAVING THE RESIDENCE, THE CITY NEEDS TO BE NOTIFIED IMMEDIATELY. YOU MUST COMPLETE A FINAL UTILITY BILLING INFO FORM.