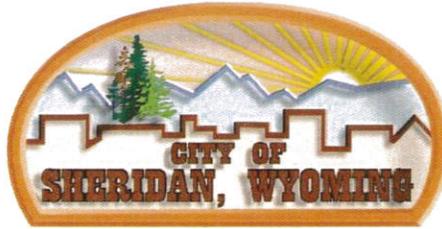


City of Sheridan
Solid Waste Division

PO Box 848
Sheridan, WY 82801
(307) 674-8461



UTILITIES DEPARTMENT

Recycling Agreement

This is an agreement between the City of Sheridan Solid Waste Division and the below named business, commercial, or industrial entity, to recycle the materials listed below in exchange for a reduction of the monthly sanitation fees charged by the City of Sheridan for refuse collection.

Contact Name: _____ Title: _____
(please print)

Location Information

Business Name: _____ Phone: (____) _____ Ext. _____
Address: _____ E-Mail: _____
City: _____ State: _____ Zip: _____

Billing Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____

I _____ hereby certify that I am authorized to sign this "Recycling Agreement" on behalf of the above mentioned business. I understand that the City of Sheridan will reduce my base monthly sanitation fee for front-load or rear-load containers by 20% on this account if I meet the requirements of option 1 listed below. I understand that if I check line item number 2, I will not receive any recycling discount on my City Sanitation Services for this account.

I certify that the above named business located at the address listed on this document:

1. [] Will recycle the following materials when produced from my business:

- Corrugated Cardboard
- Newspaper / Office Paper
- Magazines
- All plastics Number 1-7 (no plastic bags please)
- Metal (Aluminum & Steel Cans)
- Glass (**DROP-SITES ONLY**)
- Styrofoam (**take to Recycling Center at 1142 KROE Lane**)
- Other, Explain: _____

AND (check one)

- We currently have a City of Sheridan Recycling container and are paying a rental fee
- Please have a City of Sheridan representative contact us about recycling container options based on our needs and availability of service at our location.

2. [] Does not want to participate in recycling activities. I understand that by checking this option, our account will not receive the 20% recycling discount for City Sanitation Services.

I understand that this agreement may be withdrawn at any time by an authorized agent of the business listed above. However, a 30 day written notice is required. I understand that random audits of trash and recycling will occur. I further understand and agree that the City of Sheridan Solid Waste Manager has authority to withdraw this agreement if the recycling activities as listed above change, are not being followed, or if the City of Sheridan City Council voids, rescinds, or changes the current Resolution governing the sanitation fees. If this agreement is withdrawn by either party, the monthly discount as mentioned above will become invalid and the full base rate will be applied to the sanitation account.

X _____ Approved: _____
Customer Signature Date Solid Waste Manager (or Assignee)

Note: This agreement pertains only to active commercial or industrial sanitation accounts that utilize front-load or rear-load containers for refuse collection.