



**Village of Shorewood
Organics Collection Pilot Program Registration Form**

The Village of Shorewood is recruiting 100 households (in 1-, 2-, and 3-family dwellings) to participate in an exciting new organics collection pilot program. The pilot program features curbside cart collection for combined yard waste and kitchen scraps. Participants will be furnished 32-gallon rolling carts with locking lids at no charge. The monthly subscription fee is \$12.75, and will be automatically billed in quarterly installments by the collection vendor. Neighboring households are encouraged to share, but note that only one household will be billed. Enrollment will proceed on a first-come, first-served basis, until 100 participants are registered. Questions and completed forms can be directed to Assistant Village Manager Tyler Burkart. Either email the completed form to tburkart@villageofshorewood.org or mail to Village Hall at 3930 N. Murray Avenue. Forms must be completed and submitted by Friday, April 14.

Name: _____ **Date:** _____

Mailing Address: _____

Phone Number: _____ **Email:** _____

I agree to and understand the following:

I agree to a quarterly pre-paid automatic billing of \$38.25 per quarter (which equates to \$12.75 per month) associated with participating in the Organics Collection Pilot Program.

I understand this is a one year pilot program from June 1, 2017 through May 31, 2018. Collection from April through November will be weekly while collection December through March will be biweekly. The specific weekday for collection will be determined once all participants are registered.

I understand and agree the 32-gallon cart is property owned by the Village of Shorewood. I understand the cart will be returned to the Village when the program concludes, and I will be invoiced for the full cost of the cart if it is damaged or not returned.

Do you plan on sharing a cart with another property? Yes No

Billing Information – Must provide Credit Card or Bank Account Information for Billing

Credit Card Name on Card: _____ Exp. Date: ____ / ____
Card #: _____ - _____ - _____ - _____ CSC: _____

Bank Account Account #: _____
Routing #: _____