



City Of Raleigh

NORTH CAROLINA

NOTICE: THIS WAIVER MUST BE COMPLETED AND RETURNED TO SOLID WASTE SERVICES BEFORE YOUR RECYCLING CART WILL BE PICKED UP!

I, _____ *(Name)* residing at _____ *(Address)*

wish to refuse the blue recycling cart being issued by the City of Raleigh to be used for the automated biweekly Recycling Collection program. I acknowledge that this will be the only container acceptable for collection service to be provided. By refusing the container I acknowledge the fact that I will not receive recycling service at my residence from the City of Raleigh but will still be responsible for paying the mandated recycling fee included in my utility bill.

Date

Signature

Printed Name

Return Completed Form to:

City of Raleigh, Solid Waste Services, PO Box 590, Raleigh, NC 27602

Email: sws@raleighnc.gov, Fax: 919.831.6632