

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 Number _____

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.**