



VILLAGE OF GILBERTS

Garbage, Recycling and Yard Waste Opt Out Program

I wish to opt out of garbage, recycling and yard waste collection and billing.

Name _____
(Please print)

Address _____

Phone #: _____

Signature: _____

I plan to dispose of my garbage in the following manner:

By signing this form I understand that I will be billed if my property has maintenance violations or garbage is put at the curb for collection.

Office use only:

Approved by: _____ Date: _____