

TOWN OF CHESTERTOWN
ENROLLMENT REQUEST FOR CURBSIDE RESIDENTIAL RECYCLING
(For Residents of properties **inside** of the Town limits of Chestertown **only**)

NAME _____

PROPERTY ADDRESS _____

EMAIL ADDRESS _____

PHONE NUMBER _____

CELL PHONE NUMBER _____

I hereby certify that I am a resident of the Town of Chestertown (inside of the Town limits) and that I will participate in the recycling program once enrolled. This enrollment for curbside recycling does not apply to businesses, government, industries, or multi-unit apartment properties (with 3 or more units). I understand that my information above will be shared with the Town's recycling contractor (BFI/Republic) to initiate service.

Date _____ Signed _____

Submit to: Lynda Thomas, Clerk, Town of Chestertown, 118 N. Cross Street, Chestertown, Maryland or by email to Lynda@chestertown.com. Applicants will be contacted concerning their eligibility and start-up of curbside recycling.