_				
Date				
Date				



Name of Organization:								
oint of contact:								
Phone number and/or email addre	ess:							
1. Request for recycling pick-	up. (Please select one):							
We have scheduled pick-ups but ou	r container has not bee	n emptied as scheduled and is	s now full.					
We have scheduled pick-ups but ou	r recycling materials are	e filling up faster than usual.						
Which container(s) need(s) to be er	mptied? (Check all that a	apply):						
Inside Plastic/Aluminum Can	White Paper	Secured Shred Box	6-yard					
2. Request for Recycling Cont Inside Plastic/Aluminum Can		Secured Shred Box	6-yard					
3. Request to move containe	r(s):							

4. Request for trash audit:

I am interested in having a trash audit conducted by Bi-County to see if there is an opportunity for additional recycling at my organization.

I would like my container moved to a new location. Please contact me for details.

5. Request for a purge of records pick-up and shred:

6. Request for speaker:

I am interested in having a Bi-County employee talk to my organization about recycling in Montgomery or Stewart County.

7. Other (Please provide a brief description of your request.)