

I want to enroll in the weekly curbside GreenWaste collection program for \$4.00 per month with a one year commitment.

Name _____
Address _____
City _____
Zip Code _____
Phone # () _____ - _____



City of Logan
Environmental
Department
450 North 1000 West
Logan, UT. 84321-3740
435-716-9753

I agree to all rules, regulations and associated fees for the City of Logan Curbside Green Waste Program. I understand that this container belongs to the City of Logan Environmental Department and is designed for Green Waste materials only.

Date: _____ Signature required: _____

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