

I want to enroll in the Curbside Recycling Collection Program for \$3.00 per month.



City of Logan
Environmental
Department
450 North 1000 West
Logan, UT. 84321-3740
435-716-9755

Name: _____
Address: _____
City, State & Zip: _____
Phone #: () _____ - _____

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

Date: _____ Signature required: _____