

**Missoula Valley Recycling**

PO Box 9458 Missoula, MT 59807 (406)543-2972

Please complete the following information and return to the address above in order to start your service (call our office if you have any questions):

(Business) name \_\_\_\_\_

Contact person \_\_\_\_\_

Phone # \_\_\_\_\_

Alt phone # \_\_\_\_\_

Collection Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Number employees \_\_\_\_\_

How did you hear about MVR? \_\_\_\_\_

Type of business ( IF APPLICABLE) (circle one)

Office Restaurant School Retail

Pick-up location (circle one)

Curbside Alley Inside (There will be an additional charge of \$4 for inside pick-ups) Notes on pick-up location \_\_\_\_\_

(Any description that might help the driver locate items)

Number/Type of bins \_\_\_\_\_

Collection rate \_\_\_\_\_

Total Quarterly Charge \_\_\_\_\_

I have read MVR's policies and guidelines on how to prepare recyclables for collection. I understand that I am subscribing to a continuous service and will be billed in advance on a quarterly basis. I agree to notify the MVR office in advance should I wish to discontinue service.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date