

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):

Name _____ Phone # _____

Address _____ Alt Phone # _____

Mailing Address _____ BFI Garbage Day _____

Number of people in household _____ How did you hear about MVR? _____

Type of building (circle one) Single family dwelling / Duplex / Apartment

Pick-up location (circle one) Curbside / Alley

Notes on pick-up location _____

(any description that might help the driver locate items)

Rate (circle one) \$12

\$9 For Buddies, Elders, and Singles. Please list address/name of buddy.

My buddy _____

I have read MVR's policies and guidelines on how to prepare recyclables for collection. I understand that I am subscribing to a continuous, monthly 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

Keep this portion for your records:

Monthly collection day _____ Start date _____

Collection dates remaining this quarter _____

Please send _____ with the above form and/or contact our office by _____ to begin on the above start date.

Please call if you have any questions regarding our service:

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