



**SANTAQUIN CITY
CURBSIDE RECYCLING
OPT-IN FORM**

This form is for Santaquin City utility users that wish to participate in the Curbside Recycling Program. To authenticate your identity as an authorized account holder, please fill out this form in its entirety.

Name: _____

Santaquin City Utilities Account #: _____

Service Address: _____ Santaquin, UT 84655

Mailing Address: _____
City State Zip

Primary Phone: _____ 2nd Phone: _____
Text Messaging: Yes No Text Messaging: Yes No

E-mail Address: _____

Please Mark the following:

I understand that by placing a checkmark in this box, I am choosing to participate in the curbside recycling program offered by Santaquin City. I understand that I will be billed \$5.15 per month for this service. I affirm that the information provided on this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

For City Use Only: Verification of Account _____ Entry Complete: _____