



**Mayor Peter D. Land, City of Crown Point
21st Century Recycling Program Application Form**

I am requesting a "City-Owned" Recycle container

There is a "City-Owned" Recycle container at the address below

Bin #: _____ *If there is a container here, please provide the last four digits of the number on the container.*

- ***Please contact the Mayor's Office when a change of address or change of ownership of the residence occurs 219-662-3240.***

****PLEASE PRINT CLEARLY****

Last Name: _____ First Name: _____

Address: _____

Note: All participants must reside within City of Crown Point legal limits, participate in the curbside recycling program, and pay the "Garbage & Disposal" fee on the City of Crown Point monthly utility bill.

Home Phone: _____ Alternate Phone: _____

Email Address: _____

**Please return this application with your monthly utility bill payment or mail to:
21st Century Recycling Program Office of the Mayor, 101 N. East St., Crown Point, IN 46307
Phone: 219-662-3240
Fax: 219-662-3262**

Terms and Conditions

The City of Crown Point will provide household residents a 65-gallon recycling bin free of charge as long as each resident adheres to the following terms:

- *Each household will use the recycling bin for the sole use of recycling all applicable items**
- *Adhere to the Reduce, Reuse and Recycle Philosophy**
- * Make an effort to purchase recyclable and environmentally friendly products**

By signing below, I agree to the Terms and Conditions listed above.

Signature: _____ Date: _____