



City of Phillipsburg

P.O. Box 447 • Phillipsburg, Kansas 67661 • Phone 785-543-5234 • Fax 785-543-2302

Date: _____

Account Name: _____

Address: _____
Phillipsburg, KS 67661

Office Use Only

Account #: _____

Kart # _____

Pickup Day: Tuesday Thursday

I wish to sign up for the City of Phillipsburg's Yard Waste Program beginning _____ 20____. I would like _____ Poly-Kart(s) delivered to the above address. I understand that there is a \$9.00 monthly fee per Kart, (\$13.50 for customers outside the city limits). This fee totaling \$_____ per month is to be charged to the utility account in advance and any fees paid will not be refunded or pro-rated if I cancel the program. The monthly fee is subject to change during the yard waste season by order of the City Council. I further understand that I may cancel service at any time but cannot sign up again until the following year. The Yard Waste Program will run from April 1st to November 30th. The term "yard waste" for this program includes leaves, grass and non-woody garden waste. It does not include tree limbs, brush and shrubs. Yard waste will only be picked up if it is in a city furnished Poly-Kart.

Finally, I acknowledge that this Poly-Kart is only on loan to me from the City of Phillipsburg and that they will pick up this Poly-Kart when I terminate this program or when the end of the season arrives, whichever occurs first.

Signature

Print Name