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Establishing Commercial Single-stream Recycling Service

Dear Commercial Recycling Customer:

Thank you for your interest in establishing a commercial single-stream recycling account. We are delighted that you may join hundreds of commercial entities currently subscribed to the program.

Attached is a commercial recycling subscription form. Please complete the form in its entirety and submit it through one of the following options:

Via email to CommercialService@dekalbcountyga.gov

In person at the Sanitation Division's administration building

Via USPS mail to the Sanitation Division's administration building

Via secure drop box at the Sanitation Division's administration building

Should you have any questions, contact the Sanitation Division's Customer Care team at 404-294-2900 or sanitation@dekalbcountyga.gov. We look forward to officially welcoming you to the recycling program.

At your service,

DeKalb Sanitation Division



Commercial Single-stream Recycling Subscription

Commercial single-stream recycling is a paid subscription service offered to businesses.

- Please provide the information below and submit the application through one of the approved submission methods – USPS mail, email, in person, or secure drop box.
- Visit www.dekalbsanitation.com or call 404-294-2900 for more program information.

Account # _____ Date _____

Business name _____

Service address _____

Billing address _____ (required)

Phone _____ (required) Email _____ (required)

Please check all options that apply

- ☐ New subscriber ☐ Existing subscriber

6-yard commercial recycling container

- ☐ 6-yard recycling container

Servicing frequency and pricing *(mandatory minimum of once per week)*

- | | |
|---|--|
| ☐ Once per week - \$127/month | ☐ Twice per week - \$247/month |
| ☐ Three times per week - \$374/month | ☐ Four times per week - \$500/month |
| ☐ Five times per week - \$627/month | |

Prepayment amount \$ _____

A container delivery and removal fee of \$150 **AND** the equivalent of one monthly service fee must be paid in advance prior to container delivery.

Special instructions _____

For Office Use Only

Date received _____ Delivery date _____ Account # _____ Route # _____

Service request # _____ **Lot** North _____ South _____ East _____ Central _____