



Application for Special Trash Collection

Please check the applicable boxes below to apply for weekly collection of trash totes; to be collected and returned to the front of the garage/residence and/or trash collection service fee waiver for December/January/February.

Name: _____ Lot(s) #: _____

Lakengren Address: _____

Billing Address: _____

Phone #: _____ Email: _____

Handicap/Special Needs

- **Additional info if needed:**

Part-Time Resident-Proof of Non-Lakengren primary residency must be submitted with this form, i.e., vehicle registration, copy of driver's license or state ID, utility bill.

- **Additional info if needed:**

One Quarter Fee Waiver for December/January/February- By choosing this option, the member understands that trash service special collection will be suspended during the months of December/January/February. Applicants must meet Part-Time Resident Requirements or be considered snowbirds (members who leave Lakengren during the winter months).

- **Additional info if needed:**

FOR OFFICE USE ONLY

Application Approved-Office Personnel Signature: _____ Date: _____

Application Denied-Office Personnel Signature: _____ Date: _____