



ANNUAL RECYCLING NOTICE

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NAME(S): _____ DATE: _____
 ADDRESS: _____ UNIT: _____
 CITY: _____ STATE: _____ ZIP: _____

In accordance with ORS 90, notification of recycling service is hereby provided.

The following items may be recycled:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Plastics | <input type="checkbox"/> Newspapers | <input type="checkbox"/> Paper |
| <input type="checkbox"/> Cardboard | <input type="checkbox"/> Aluminum Cans | <input type="checkbox"/> Glass (clear, green, brown) |

These materials are collected at _____
on _____.

All items included for recycling must be in clean condition, lids removed and properly prepared for disposal.

Owner/Agent

Telephone



Equal Housing Opportunity

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PREVIEW