



SENIOR PROGRAM ENROLLMENT APPLICATION
CITY OF DARIEN

FIRST AND LAST NAME _____
SERVICE ADDRESS _____
MAILING ADDRESS (IF DIFFERENT THAN SERVICE ADDRESS) _____
PHONE _____ E-MAIL _____

SELECT **RECYCLE CART SIZE** IF SELECTION HAS NOT BEEN MADE ONLINE

_____ **35-GALLON** _____ **65-GALLON** _____ **95-GALLON**

Program participants must notify LRS in writing if canceling or changing this program by e-mail at Service@LRSrecycles.com or mail at LRS c/o Darien Senior Program, 6132 Oakton St., Morton Grove, IL 60053.

SIGNATURE _____ **DATE** _____

*** FOR CITY OF DARIEN AND LRS OFFICE STAFF ONLY ***

STAFF SIGNATURE _____ **DATE** _____