**Opt-In Application Form**

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| **City of Saint Paul****Citywide Garbage Service** | Date Received:Approved: Denied: |     |

For Office Use Only

**Application to Opt-In for City of Saint Paul Citywide Garbage Service**

A multi-unit building or townhome building with more than four residential dwelling units (RDUs) may “Opt-In” to the garbage collection service coordinated by the City of Saint Paul if owners of all units within the building agree and understand they will be serviced by individual garbage carts (i.e., not a common dumpster). Once a property or association has chosen to participate in the City garbage services, there is no option to withdraw.

If the current payment process for garbage service is handled by individual property owners to the service provider, you will have the opportunity to continue that practice. Billing inquires can be addressed by contacting the designated hauler directly. If individual owners continue to pay the hauler directly, they must provide billing contact information (see “Individual Service Request Form”). The property management company or townhome association must document that all unit owners within the association have authorized that garbage collection services coordinated through the City of Saint Paul (for example, a resolution or minutes of an association meeting).

**Name** of Property Owner **or** person representing the townhome association requesting service:

**Title or position in the association** (if applicable)**:**

**Name of townhome association** (if applicable):

**Phone number**:

**Email**:

**Proposed start date of new garbage service under the Citywide Garbage Service:**

**Address(es) of Property/ies opting in to Citywide Garbage Service:**

**Opt-In Application Form** (continued)

**If applicable, have you provided adequate documentation** **that your townhome association has approved this application (for example, a resolution or meeting minutes of your association)**:
□Yes (please attach) □No □Not Applicable

**If applicable, has each townhome/unit owner provided and attached their individual service request form**:
□Yes (please attach) □No □Not Applicable

I hereby certify that the above-named property or association is applying to “Opt-In” to the garbage collection services coordinated by the City of Saint Paul. I certify our property or association has authorized this action and adequate documentation is attached. I hereby certify that our association is not bound by any other contractual agreement for garbage collection services as of the proposed service start date listed above.

I understand that once the property or association has been approved for Citywide Garbage Services, our property or association is covered under the City of Saint Paul Residential Collection Services Contract and may not opt-out. The undersigned herby agrees that all program requirements under the Residential Collection Services Contract apply (see the City’s Citywide Garbage Service website at [www.stpaul.gov/garbage](http://www.stpaul.gov/garbage) for more details).

**Signature:**

**Date:**

You will be contacted about the status of this application by your assigned Hauler with approval or denial of this Opt-In application. If your request is denied, the City of Saint Paul will be notified, and you may appeal the request to the Department of Public Works at garbage@stpaul.gov.

**City Authorization to Approve this Application**

 Saint Paul Haulers, LLC and theCity of Saint Paul have the authority to grant or not grant this request pursuant to City Ordinance Chapter 220. To help ensure a clean and livable City, the City may verify proper disposal of garbage is made at your property. Evidence of improper garbage or other waste storage, collection or disposal shall be reason to reject this application.

**If denied, explanation** [To be filled in the Hauler/Member]:

**Opt-In Application Form** (continued)

**Application to Opt-In for City of Saint Paul Citywide Garbage Service**

**Individual Service Request Form**(To be completed by each unit owner)

**Name** **of unit owner:**

**Name of unit occupant** (if different from owner):

**Address of your property for which garbage service location is requested:**

**Phone number of unit owner**:

**Email of unit owner**:

**Address of property owner** (if different than address for which garbage service is requested):

**Garbage cart size, service level requested**:

□ Small (35 gallon), every other week

□ Small (35 gallon), weekly

□ Medium (64 gallon), weekly

□ Large (95 gallon), weekly

**Garbage collection service location:**  □ Front Curb □ Alley

I certify that I authorize my unit to Opt-In to the garbage service coordinated by the City of Saint Paul and to begin billing accordingly.

**Unit Owner’s Signature:**

**Date:**