



**THE CITY OF LEWES, DELAWARE  
CURBSIDE RECYCLING PROGRAM**

A *voluntary* curbside recycling program is now available to residential property owners/tenants of the City of Lewes on a subscription basis. The City of Lewes and Delaware Solid Waste Authority (DSWA) have entered into an agreement to offer the program effective January, 2010 and the fee for this convenient service will remain stable for 3-years.

In order to participate in this service, City of Lewes residential property owner or tenant needs to enroll for each participating residence. Please complete the Enrollment Form below and forward with payment to: *The City of Lewes, Attn: Alice Erickson, PO Box 227, Lewes DE 19958*. DSWA will provide the recycling container and information about the curbside recycling program. If a residential property owner/tenant wishes to discontinue the service, it is necessary to notify the City Managers Office immediately.

DSWA will accept plastic bottles, plastic bags, aluminum and steel cans, newspapers, junk mail, cardboard, chipboard (cereal boxes) and glass containers all combined in a DSWA-issued wheeled cart. **The mixed recyclables will be collected the 1<sup>st</sup> and 3<sup>rd</sup> Monday of every month.**

**Any questions regarding the recycling program or receiving your container should be directed to the DSWA at (800) 404-7080, or visit [www.dswa.com](http://www.dswa.com).** Questions regarding *enrollment* in the program can be directed to the City Manager's Office at (302) 645-7777.

**ENROLLMENT FORM  
CITY OF LEWES CURBSIDE RECYCLING PROGRAM**

*Please print clearly. Sign & date where indicated.*

Name of person enrolling: \_\_\_\_\_

Check one:     Property Owner     Tenant    Email: \_\_\_\_\_

City of Lewes physical address: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Amount Enclosed: **\$ 55.00**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION:**

*Credit Card Payments can be faxed to: (302) 645-6406*

<input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>Check</b>
Check # _____
Recpt # _____

**CREDIT CARD:**     VISA     MC     DISCOVER     AMEX

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_    Verification Code: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_    Date: \_\_\_\_\_