

OPT IN CERTIFICATION FORM

To: St. Louis County, Public Works Department

WE, the undersigned, as trustees, directors and/or board members, represent the homeowners of the _____ Subdivision, and we certify to the following fact:

That a majority of the homeowners wish to receive trash service from the hauler awarded the County's waste collection district in which we are located.

Signed:

Printed First and Last Name Signature Date

Printed First and Last Name Signature Date

Printed First and Last Name Signature Date

Printed First and Last Name Signature Date

Printed First and Last Name Signature Date

Subdivision Contact Information

Name: _____

Address: _____

City, State, Zip _____

Phone: _____

Mail all Opt In Information To:
Division of Neighborhood Services, Public Works
121 S. Meramec, 6th Floor
Clayton, MO 63105
Attn: Janice E. Biggs

Questions? 314-615-HAUL