

Section 4 Please Sign and Date This Form


I certify that the above information is true and correct to the best of my knowledge and belief.

Print Name: _____

Signature: _____

Please E-MAIL this completed form to: recycling@fairfaxcounty.gov. If you need assistance completing this form, or if you need more information, please call 703-324-5230, TTY 711.

For more information, contact the Fairfax County Solid Waste Management Program by calling 703-324-5230, TTY 711

Aug-20  To obtain this document in alternative formats, please contact the Fairfax County Solid Waste Management Program at 703-324-5230, TTY 711, to submit a request. Please allow 7 to 10 business days for preparation of the material.