APPLICATION FOR BEAR-RESISANT TRASH CART
CUSTOMER INFORMATION

(Please Print Legibly)

Applicant Name:			
Address Where Cart Will Be Located:			
Home Phone:		**Cell Phone:**	
Email Address:			
Do You Have a Garage or Accessory Storage Building for Cart?		**Yes** _____	**No** _____
Are You Applying for a Waiver of the Fee for the Cart Based on Income? (See Reverse)		**Yes** _____	**No** _____

I, the undersigned, agree that the Town of Blacksburg does not provide any warranty, or guarantee of replacement or repair, of bear-resistant trash carts.

I agree to use the trash cart in accordance with applicable Town ordinances and regulations, and realize that it is bear-resistant, but not guaranteed to be bear proof.

I agree that any personal injury or damage to property due to the use of the trash cart is not the responsibility of the Town of Blacksburg.

The trash cart is owned by the Town of Blacksburg and licensed for use at the address provided above. I agree that the trash cart has been assigned to the address above and must remain at that address in the event I move to another residence. I understand that the fee I will pay for the service upgrade is non-refundable.

BY SIGNING THIS APPLICATION, I ACCEPT SOLE RESPONSIBILITY FOR THE USE OF THE BEAR-RESISTANT TRASH CART

Signature		**Date:**	

Bear-resistant trash carts will be supplied to Town of Blacksburg customers on a first-come, first-served basis with priority given to customers without a garage or accessory building providing protective storage for the trash cart. **Supplies are limited and based on grant funding.** Upon receipt and approval of this completed application, a bear-resistant cart fee of $138.43 will apply. You will have 30 days to make the full payment of $138.43 or you may sign up for the payment plan ($23.08/month for 6 months). After the payment is received or a payment plan is initiated, you will be contacted to schedule the bear-resistant trash cart delivery.

Completed applications may be submitted in person to the Town of Blacksburg Finance Department at 300 S. Main Street, by email to utbilling@blacksburg.gov, or mailed to P.O. Box 90003, Blacksburg, VA 24062.

FOR TOWN OF BLACKSBURG USE ONLY

Received by:		**Date:**	
Approved by:		**Date:**	

BEAR-RESISANT TRASH CART PROGRAM
FEE WAIVER APPLICATION

The Town of Blacksburg will waive the Fee for the bear-resistant trash cart for households with incomes below the thresholds identified below. Please include all household incomes on the application below, sign the FEE Waiver Application, and submit it to the Finance Department with your bear-resistant trash cart application.

Number of People Living at the Address:		_____
Household Residents with Income:	**Annual**	**Monthly**
Resident 1:	**$**	**$**
Resident 2:	**$**	**$**
Resident 3:	**$**	**$**
Resident 4:	**$**	**$**
Resident 5:	**$**	**$**
	Total Income of Residents	**$** 0.00

Blacksburg-Christiansburg-Radford MSA
Income Limits (80%)

Number of People in Household	**Annual**	**Monthly**
1	**$39,100**	**$3,258**
2	**$44,700**	**$3,725**
3	**$50,300**	**$4,192**
4	**$55,850**	**$4,654**
5	**$60,350**	**$5,029**

I certify that the above information is true and accurate and I agree to provide proof of income if requested.

Signature: _____ Date: _____

Questions?

About Program and Eligibility – Call Karen Day at (540) 443-1212.

About Payments - Call Utility Services at (540) 443-1060.