

TOWN OF WEST BEND / CHOICE DISPOSAL COMPANY  
GARBAGE and RECYCLABLE BIN SELECTION

RESIDENT NAME: \_\_\_\_\_ RESIDENT PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Tax Parcel ID #: T13-\_\_\_\_\_  
(This number can be found on the mailing envelope above your name)

GARBAGE BIN SELECTION \_\_\_\_\_95 Gallon \_\_\_\_\_65 Gallon \_\_\_\_\_45 Gallon \_\_\_\_\_Keep existing bin

RECYCLABLE BIN SELECTION \_\_\_\_\_95 Gallon \_\_\_\_\_65 Gallon \_\_\_\_\_45 Gallon \_\_\_\_\_Keep existing bin

Please indicate your selection of collection bin size and return this form by **May 6<sup>th</sup>, 2020** to:

Town of West Bend Treasurer  
6355 Highway Z  
West Bend, WI 53095