

Application OR Renewal
For Trash Pick Up
and/or
For LEAPO Membership

(To Print out Right click on form -- email or mail this information)

Billing Name _____

911 Designated Pickup
Address _____

Rent _____ Own _____

City, State Zip _____

Billing Address _____

City, State Zip _____

Subdivision and Lot information _____

Local Phone Number _____

Permanent Phone Number _____

If you wish to receive information and updates from LEAPO please include your email address:

You must be a member of LEAPO to participate in the Trash Program

Check Applicable Lines
Fill in amount

_____ I am presently a member of LEAPO.

_____ Enclosed is my yearly LEAPO membership of \$ 24.00 _____

_____ Enclosed is my \$ 34.00 quarterly TRASH payment _____

_____ Enclosed is my \$ 130.00 YEARLY TRASH payment _____

TOTAL ENCLOSED _____

Allow one week for registration. You may call the listed 800 number to verify pick up day.

You may call 618-995-2629 with any billing questions.

Make check payable to: LEAPO
Mail to: LEAPO, POB 127, Goreville, IL 62939

If you wish to take advantage of a yearly discount, please pay \$130 for Trash service and \$24 for your Dues. Thank you.