

Application OR Renewal

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

For Trash Pick Up and/or For LEAPO Membership

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 _____

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.

TOTAL ENCLOSED _____

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.