



# M.A. Frazier, Inc.

10 Kear Circle  
Wellfleet, MA 02667  
(508) 349-7969




## 2022 Seasonal Rate Schedule

### Subscription Trash & Recycling for Wellfleet Property Owners

In the Town of Wellfleet, recycling is mandatory. Please select your trash type and frequency and also select a recycling option. If none is selected, you will default to the size container you had previously or the 14 gallon bin if you are a new customer. Your recycling will be picked up in the same place as your trash.

<u>Curbside Trash Pickup</u> (Within 6ft. of the road)		
w/95 gal. trash toter	<input type="checkbox"/> Wednesday =	\$15.00/week
	<input type="checkbox"/> Wednesday & Saturday =	\$30.00/week
Your trash cans	<input type="checkbox"/> Wednesday =	\$17.00/week
	<input type="checkbox"/> Wednesday & Saturday =	\$34.00/week

<u>In Yard Trash Pickup</u>		
w/95gal. trash toter	<input type="checkbox"/> Wednesday =	\$21.00/week
	<input type="checkbox"/> Wednesday & Saturday =	\$42.00/week
Your trash cans	<input type="checkbox"/> Wednesday =	\$23.00/week
	<input type="checkbox"/> Wednesday & Saturday =	\$46.00/week

	<u>Recycling</u>	
14 gal	<input type="checkbox"/>	\$13.00/week (Monday)
64 gal	<input type="checkbox"/>	\$18.00/week (Monday)
95 gal	<input type="checkbox"/>	\$30.00/week (Monday)

For those choosing curbside pickup service	Please initial here to authorize M.A. Frazier Disposal to enter your yard for pickup if there is no trash found at the curb. The cost will be \$7.50 per occasion. _____
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**PRE-PAY DISCOUNT: PAY IN FULL BY MAY 1<sup>ST</sup> AND GET 5% OFF YOUR SEASONAL PACKAGE**

Trash Start Date: \_\_\_\_\_ Trash End Date: \_\_\_\_\_

Recycle Start Date: \_\_\_\_\_ Recycle End Date: \_\_\_\_\_

Check here to receive a postcard and refrigerator magnet summarizing services for your guests.

#### Pickup Address

#### Billing Address

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Payment Information

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

*Signature constitutes acceptance of M.A. Frazier, Inc. terms and conditions as well as credit card authorization.*

Card Type: Visa \_\_\_\_ MasterCard \_\_\_\_ Amex \_\_\_\_ Discover \_\_\_\_