

ROLL OFF DUMPSTER AGREEMENT

THIS AGREEMENT, made this _____ day of _____, _____ between *THE CITY OF EL DORADO*, being owner of the Roll Off Dumpster hereinafter referred to as "OWNER" and (your name) _____ hereinafter referred to as "RENTER".

The RENTER request that the dumpster be placed at the following address and specified location:

Requested set date _____ Requested pick up date (if known) _____

****Concrete and rock loads will require use of 20 yard roll off only****

Size	Delivery Fee (only on initial set)	Pick Up Fee (Charged each pick up)	Landfill Charges (Charged each dump)	Daily Rental Fee (Weekends & holidays included)	Initial to agree to size & fees
20 yard (4' walls)	\$50.00	\$100.00	Determined by Landfill receipts	If not dumped within 14 days \$12 per day	
30 yard (6' walls)	\$50.00	\$125.00	Determined by Landfill receipts	If not dumped within 14 days \$12 per day	
40 yard (8' walls)	\$50.00	\$135.00	Determined by Landfill receipts	If not dumped within 14 days \$12 per day	

RENTER acknowledges the following: (please initial)

- _____ 24 hours' notice required for all services
- _____ Items cannot be sticking out or above top edge of roll off
- _____ If construction/demolition is taking place, permit has been issued
- _____ Hazardous Materials, Tires and any items with Refrigerant is not allowed in container

The *OWNER* will send out billing each month. Payment is due in full within 30 days of billing; after which a late fee will be applied. *RENTER* also understands that the *OWNER* will take further collection proceedings that may include the following but not limited to: Third party collection, tax lien, and/or state set-off program.

BILLING INFORMATION (Please Print)

Name: _____

Billing Address: _____

Phone Number _____ Alternate Pone Number _____

Social Security Number Driver's License (State & Number) Date of Birth
(If not given – delivery fee and pick up fee will be required up front and before each additional service)

By signing this agreement, you as the RENTER agree to and understand all the above terms and fees.

Signature

Date

RETURN TO: City of El Dorado
 222 E 2nd Ave, El Dorado, KS 67042
 316-322-4468 (phone) 316-321-0490 (fax)
 dbeavers@eldoks.com