

ROLL OFF DUMPSTER AGREEMENT

THIS AGREEMENT, made this _____ day of _____, 20____ 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) <i>Due up front</i>	Pick Up Fee (Charged each pick up) <i>Due up front</i>	Landfill Charges (Charged each dump)	Daily Rental Fee (Weekends & holidays included) <i>Days start from set date</i>	Initial to agree to size & fees
20 yard (4' walls)	\$50.00	\$100.00	Determined by Landfill receipts	After 14 days a daily fee of \$12 per day will be added to bill	_____
30 yard (6' walls)	\$50.00	\$125.00	Determined by Landfill receipts	After 14 days a daily fee of \$12 per day will be added to bill	_____
40 yard (8' walls)	\$50.00	\$135.00	Determined by Landfill receipts	After 14 days a daily fee of \$12 per day will be added to bill	_____

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

Outside City Limits – additional fee of \$1.00 per mile to and from 222 E 2nd, El Dorado, KS

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

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