

## City Of Liberal Sanitation Department P.O. Box 2199, Liberal, KS 67905-2199 Phone (620) 626-0136 Fax (620) 626-0173

## 20-YARD OPEN TOP ROLL-OFF CONTAINER AGREEMENT

Name:	
Billing Address:	
Phone Nu	umber:
Dates of Service:	
Delivery Location:	
Description of Contents:	
Contact F	Phone Number (if different from above):
1)	An initial fee of \$120.00 per load is required for reservation.
2)	The City of Liberal will deliver the roll-off container to the designated location for <u>not more than five (5) business days</u> . Prior approval for a longer period of time may be given at the discretion of the Sanitation Superintendent.
3)	Once loaded, notify the Sanitation Department no later than 2:00 PM to have the container picked up. If notified later than 2:00 PM, the pick-up will be scheduled for the following day.
4)	The City will pick up and dispose of the contents at the county landfill, and the landfill charges will be billed to you directly. If you have more than one (1) load, you must pay another \$120.00 reservation fee before the container is delivered back to the location.
By signing roll-off co	g this agreement, I agree to the above rates and terms for use of the 20-yard open top ntainer.
Signature of Authorized Person Print Name	
Date	
FOR OFFIC	CE USE ONLY
Date Received: Received By:	
Amount Received: Payment Method:	