

City of Baxter

Rental Agreement for 6-yard Refuse Container

Name of Business _____

Owner of Business _____

Physical Address _____

Mailing Address _____

Phone Number _____

I, (Business Name) _____, would like to rent a 6-yard refuse container from the City Of Baxter. I understand the placement of the container must be accessible by the Sanitation Department for pickup. I also understand that it is my responsibility to provide the proper site before placement of the container and the Sanitation Department Supervisor must approve the site.

According to State Regulations, Rule 0080-4-9.06 (6)(b) Number 3, outside storage areas or enclosures, if used shall be kept clean and shall be large enough to store all garbage and refuse containers necessitated by disposal pick-up frequency. Garbage and refuse containers, dumpsters, and compactor systems located outside, shall be stored on or above a smooth surface of non-absorbent material, such as concrete or machine-laid asphalt, that is kept clean and maintained in good repair.

I agree to pay the following rates for refuse service:

Fee for use of container is \$20.00 per month.

Fee for each time container is emptied is \$10.00.

Statements will be sent by the 10th day of each month. Payment is due by the first date of the following month.

By signing this document I agreement to make timely payments of the fees as billed. I understand if payments are not made timely or if I do not comply with any of the parts of this agreement, the City of Baxter is within its rights to stop pickups and remove the container immediately. Furthermore, I release the City of Baxter from any damage to my property which may occur during placement or pickup of the container. I understand that if I wish to discontinue service, I will provide written notice to the City of Baxter and I will be responsible for any fees incurred up to the date of termination of service. Any costs of casters including installation will be bore by the business.

I request by service to begin on _____.

I request the refuse container to be emptied _____ times per week.

Indicate Method of Billing:

Email _____ OR Fax: _____

Business Owner's Signature

Date