

**ROLL-OFF CONTAINER
CITY OF LANCASTER PUBLIC WORKS DEPARTMENT**

Date: _____ Account # _____

Bill To: _____
Address: _____
State: _____
Phone No. _____

Business Name: _____
Delivery Address: _____
State: _____

Security Deposit \$300.00 _____ Bill Amount \$ _____

Hauling fee (Local) \$120.00 _____ Comments: _____

Monthly Rental _____
20 cu yd \$90.00 _____
30 cu yd \$105.00 _____
40 cu yd \$120.00 _____

* Disposal fee (minimum \$100.00) _____
Local site \$19.00/ton _____
Out of County Landfill \$42.00/ton _____

Date to pick up roll-off container _____

TYPE OF MATERIAL TO BE DISPOSED OF: _____

NOTE 1: All material must be loaded inside the container six inches below the top of all four walls.

NOTE 2: I understand that I will not tamper with City equipment and hold the City of Lancaster harmless of any injury incurred by and all persons, firms and corporations, whether herein named or not, from any and all action, claims and all consequential damage on account of or in any way out of the use of the above mentioned equipment.

***NOTE 3:** Disposal site determined by materials placed in container.

NOTE 4: I (the borrower) certified I have personally examined the material to be disposed of and can safely state that no hazardous chemicals, containers or materials are in the container.

() APPROVED

() DISAPPROVED

STREETS & SANITATION SUPT.
MARTY CAUTHEN

BORROWER (Signature)