

City of Henagar Sanitation and Public Works Department

Application for Roll-Off Dumpster Service

Company Name _____

Service Address _____

Mailing Address _____

Requested Delivery Date _____

Primary Phone _____ Secondary Phone _____

Email Address _____

Owner Name _____ Phone _____

Address of Owner _____

PLEASE READ AND ACCEPT BY SIGNING BELOW: I hereby accept full responsibility for this account and am aware that I am fully responsible for any amounts due on said account effective this date and until such time as I close this account. All requests for dumpster removals will be subject to weather conditions. I will be responsible for any tow bills incurred if the roll-off truck becomes stuck on my property. I understand the dumpster may not be filled above the top and understand the driver has the right to refuse dumpster removal until overfill is remedied. I agree not to burn any items inside the dumpster or place any hot ash or coals in the dumpster. I am responsible for any damage done to the dumpster while in my possession. I agree to pay for any repairs needed due to any damage inflicted on the dumpster while in my possession. I agree not to place any tires, paint, brush, or barbed wire inside the dumpster.

Signature of Applicant _____ Date _____

Description of Dumpster Placement:

