

I, \_\_\_\_\_  
Name(s)

of \_\_\_\_\_ Legal Land Location  
\_\_\_\_\_ Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_ Phone Number(s)

agree to enter into an agreement with the County of St. Paul No. 19 to rent a \_\_\_\_\_ yd. bin, for the purposes of collecting garbage. I request that the County collect this garbage \_\_\_\_\_ (Weekly, Bi-weekly, Monthly). For the rental of the bin and the collection service, I agree to pay a monthly fee as set out in Schedule A, attached subject to amendment at Council's discretion. I understand that non-payment of the fee may result in the removal of the bin from my property.

I understand that I will be given 30 days notice of any rate changes for the bin rental and collection service.

I agree that the above named bin will be for purposes of collecting **ONLY HOUSEHOLD WASTE**. I agree not to use this bin for the collection of metal, appliances, large volumes of wood / wood by-products, furniture, batteries, shingles, concrete, etc. I understand that all hazardous materials, (liquid or solid), are strictly prohibited from these bins.

I also agree that in lieu of a damage deposit, that I will pay for the repair of any damage, (beyond normal wear and tear), that I, my family, or any other persons other than County employees incur to this bin, while it is located on my property.

I understand that if those damages are not reimbursed to the County by myself or my estate that the County will under the authority of Section 34.1 of the Municipal Government Act add these damages to my tax roll.

\_\_\_\_\_  
Name of Landowner renting bin

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Witness. (County representative)

**County of St. Paul**  
**Schedule A - HHW Bin Rental Rates**

Effective March 1, 2008

<u>Pick - up Schedule</u>	<u>3 YARD</u>	<u>4 YARD</u>	<u>6 YARD</u>
Once a month	\$60.00	\$70.00	\$75.00
Every two weeks	\$70.00	\$80.00	\$85.00
Once a week	\$80.00	\$90.00	\$95.00

\*\*\* Commercial renters will be charged an additional \$ 20/month