

I,

Name(s)

of

_____ Legal Land Location

_____ Mailing Address

_____ Phone Number(s)

_____ Fax Number

agree to enter into an agreement with the County of St. Paul No. 19 to rent a roll off bin, for the purposes of collecting garbage. I request that the County collect this garbage on call. 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 material that is accepted at the Evergreen Regional Landfill**. 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/Business renting bin

Date signed

Witness. (County representative)

Schedule A
Roll Off Bin Rental Rates

Monthly Rental	\$ 125.00/month
Weekly Rental	\$ 31.25/week
+	
Bin Delivery & Removal	\$ 110.00/hour
+	
Landfill Tipping Fee	as per site attendant