

City of London – Public Works Department

364 Barbourville Road, London, KY 40744

Phone: 606-864-5521 Fax: 606-864-8925

Attn: PUBLIC WORKS DEPT.

All pages must be returned to this office before open top construction dumpster will be set.

OPEN-TOP DELIVERY RECEIPT

Size of open-top delivered and cost per dump:

	SIZE	COST PER DUMP
€	10 cubic-yard open-top (2 ton's maximum) <b>Size: OD 12'8" L x 8' W x 3'11" H / ID 12' L x 7'3" W x 3' H</b>	<b>\$225.76</b>
€	20 cubic-yard open-top (4 ton's maximum) <b>Size: OD 22'7" L x 8' W x 4'5" H / ID 22' L x 7'4" W x 3'6" H</b>	<b>\$451.52</b>
€	30 cubic-yard open-top (6 ton's maximum) <b>Size: OD 21'6" L x 8' W x 6' H / ID 21' L x 7'5" W x 5'2" H</b>	<b>\$677.28</b>

- State mandated Kentucky Environmental Remediation Fee, cost per ton, **\$1.75**
  - Rental fee per month will be **\$135.47** OR **\$4.52** a day if used less than a month. These charges are per container and in addition to the dumping charges.
  - Delivery Fee **\$64.50**
  - Relocate/Move Fee **\$64.50**
- Overweight fee on open-top dumpsters: additional **\$58.05** per ton to the above charges.

**Customer agrees that the open-top may not be filled above the top of the container. Customer is responsible for any damage done to the open-top. Customer agrees to pay all dumping charges incurred and for any collection fees for non-payment.**

Int. \_\_\_\_\_

**City of London is not responsible for damages to yards or driveways that may occur from placement of an open top container. Placement location determined by you or your designated on site contact.**

Int. \_\_\_\_\_

Signature of receipt (accepts responsibility for charges):

Sign \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

Name and address to send copy of delivery receipt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**"ALL HIGHLITED FIELDS MUST BE COMPLETED"**

**\*Pricing subject to change annually due to CPI increase\***

## SERVICE AGREEMENT

\*BILLING NAME: \_\_\_\_\_

\*MAILING ADDRESS: \_\_\_\_\_

\*CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*PHONE: \_\_\_\_\_

\*CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

\*CONTACT NAME @ OFFICE: \_\_\_\_\_

\*SERVICE / DELIVERY LOCATION: \_\_\_\_\_

\*CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*CONTACT NAME @ SITE: \_\_\_\_\_

\*PHONE: ON SITE: \_\_\_\_\_

ADDITIONAL INFO: \_\_\_\_\_

\*OPEN TOP CONTAINER SIZE: \_\_\_\_\_ ORDER DATE: \_\_\_\_\_

\*DELIVERY DATE: \_\_\_\_\_

\*SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL LINES WITH \* MUST BE COMPLETED.**