

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
<input type="checkbox"/> 10 cubic-yard open-top (2 ton's maximum) Size: OD 12'8" L x 8' W x 3'11" H / ID 12' L x 7'3" W x 3' H	\$240.76
<input type="checkbox"/> 20 cubic-yard open-top (4 ton's maximum) Size: OD 22'7" L x 8' W x 4'5" H / ID 22' L x 7'4" W x 3'6" H	\$480.87
<input type="checkbox"/> 30 cubic-yard open-top (6 ton's maximum) Size: OD 21'6" L x 8' W x 6' H / ID 21' L x 7'5" W x 5'2" H	\$721.30

- State mandated Kentucky Environmental Remediation Fee, cost per ton, **\$1.75**
- Rental fee per month will be **\$144.28 OR \$4.81** a day if used less than a month. These charges are per container and in addition to the dumping charges.
 - Delivery Fee **\$68.69**
 - Relocate/Move Fee **\$68.69**
 - Show Up/Blocked Fee **\$68.69**

Overweight fee on open-top dumpsters: additional **\$61.82** 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. Open Top may be removed without notice if monthly bill statement is not paid within 20 days of the due date.

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):

Signature _____
Print Name _____
Company Name & Title _____
Address of Company _____
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

*RESPONSIBLE PARTY FOR BILLING PURPOSES: _____

*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: _____