

Dumpster Program Policy Agreement

Name: _____

Delivery Date: _____

Pick-up Date: _____

Address: _____

Dumpster Location _____

Phone Number: _____

I, _____, acknowledge that I have received all information provided by the City regarding the Dumpster Program and do hereby understand all that is required of me. I will adhere to all requirements of the policy stated within.

Resident Signature

Date

City Staff