

Customer Instructions: Complete the shaded areas of the form. Fax or email to Municipal Services. You must call in after to pay for the Bin at (408)615-2300

City fax # 408-241-1543

UtilityBilling@SantaClaraCA.Gov

() Require Weight Tags for Green Halo

#

City of Santa Clara Temporary Roll Off Debris Bin Order

Date: _____ Day Phone: _____ Fax/Email: _____

Customer Name: _____ Contact Person: _____

Drop Off Address : _____

Bin Order: () Loose

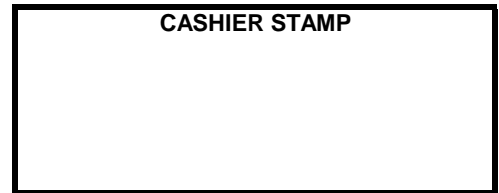
Size: _____ Yd () Concrete / Dirt Bin Maximum Weight Allowed : 10 TONS

Desired Delivery Date: () Next Week Day () Desired Date: _____

Bin Order Extension: () Original order date: _____ Original Order # : _____

Charges:

Charge Per Bin Collection	:	_____
Street Permit Fee (if applies)	:	_____
Bin Order Extension	:	_____
Total chg:	:	_____



Order taken by: _____

Time of Payment:

Total Paid: _____

Receipt No.: _____

I have received the packet of "Instructions on Loading Drop Body Bulk Roll Off Debris Bins" including the Safety Warnings/ Miscellaneous Information sheet. I agree to abide by all of the rules listed.

I am aware I will be charged an additional fee if I violate any of the instructions / rules or bin load exceeds a maximum weight of 10 tons. **SPECIFIC DELIVERY TIMES ARE NEVER GUARANTEED!** If MTWS is not able to deliver the bin or pick it up for any reason (Example: the bin is blocked) there will be a \$202.01 Driver Time fee assessed to re-deliver or pick up the bin. ****Bin will be picked up as early as 7 AM on the 7th day.****

Applicant's signature: _____

Permit for Placement of Refuse Bin

(Pursuant to Section 17-60.1 of the Municipal Code)

Permit Required: () Yes
() No

Effective Date: _____

Expiration Date: _____

Permit Number: _____

Fee: **\$202.00**

By: _____

*****No 30 & 40 yd bins in driveways!*****

*****Location of Bin Placement (sketch)*****

This is for 7 days bin usage!

Every effort will be made to place bin as specified.

If specified location is not accessible or clear, please

Deliver as close to location as possible.

DO NOT DELIVER BIN; Re-Delivery will be subject to additional fee of \$202.01 per hour

Applicant Signature for Permit

Nearest cross street: _____

Transmission Info: Date: _____ Time: _____ By: _____