City of Coolidge Public Works Department
355 South 1st Street, Coolidge AZ 85228 520-723-4882 Fax: 520-723-3004

ROLL-OFF AGREEMENT

Name: _____

Physical Address of where roll-off is to be delivered: _____

You must reside within the City limits, have established trash service and be current with your sewer and trash billing. The roll-off will be delivered only to residences within the City.

Mailing Address: _____

City, State, Zip: _____ Phone Number: _____

Delivery date: _____ Pickup date: _____

I will be disposing of the following:

Will you be paying a 3rd party contractor to perform services that will be utilizing this roll-off? _____

The roll-off will be delivered to the above address by 2:00 in the afternoon and will be picked up by 6:00 am the following normally scheduled work day. Once delivered the roll-off **WILL NOT** be moved and will remain where placed until picked up. If the roll-off is requested to be placed within a locked location, the gate must be open and/or unlocked by 1:00pm on the day of delivery and by 5:30am on the scheduled date for pickup.

I agree **NOT** to dispose of any of the following items in the roll-off. I also agree to pay for all fines incurred as well as any manpower hours used to sort and dispose of items that were placed into the roll-off illegally.

The following items **CAN NOT** be disposed of:

- Anything that would pose a hazard to ourselves or our community including:
- Household garbage
- Construction debris and building/remodeling materials such as lumber, shingles, dirt, rock, stone, brick, cement and/or concrete material.
- Hazardous, Industrial, Medical or Radioactive materials, Chemical by-products, Paint, Insecticides and/or Herbicides and potentially environmentally destructive materials.
- Automotive parts such as motors, transmissions, batteries, tires, fuel tanks or cans, used oil, etc.

Please provide a description of where you would like the roll-off to be placed on your property. Remember we cannot drop off the bins in alleys, backyards or park on neighboring properties.

PRINT NAME: _____ SIGNATURE: _____