

CRST ROLL-OFF SERVICE AGREEMENT

Cheyenne River Sioux Tribe
 Sanitary Landfill
 PO Box 504
 Eagle Butte, SD 57625
 605-964-6111

Customer Account No. _____
 Container No. _____
 Effective Date _____
 Billing Date _____

Account Name			Billing Name	
Service Address			Billing Address	
Address 2			Address 2	
City, St., Zip			City, St., Zip	
Phone Number			Phone Number	
Location Description:				

Dear Customer:

Thank you for allowing us to provide you with solid waste removal services. We pride ourselves on our service and appreciate the opportunity to serve you.

Sanitary Landfill will constantly strive to perform to the following service standards:

WE WILL:	AS A CUSTOMER I AGREE TO:
<ul style="list-style-type: none"> Operate our routes in a consistent manner; delivering dependable and reliable services to you. Empty your container(s) completely during each service. Remove all waste placed for collection. Extra charges for service in excess of normal volumes may be incurred. Place your empty container(s) in the assigned container pick-up site. Clean up any spillage created by the collection activity. Dispose of your solid waste in a legal and environmentally sound manner. Accept refuse and waste delivered to the CRST Sanitary Landfill. 	<ul style="list-style-type: none"> Only place acceptable waste in my container(s). (No Tires) Hazardous waste will not be placed in or beside container(s). Call the CRST Solid Waste Landfill for hazardous and major appliance disposal information. Hazardous disposal fees/costs are my responsibility to pay and are separate from my monthly fee. Remove snow for a path to the dumpster/container. If dogs get into trash, I understand it is my responsibility to replace waste in container. I am responsible for cleaning my area. Make deliveries to CRST Solid Waste Landfill only during hours of operation and in accordance with posted rules. Pay my Solid Waste fees of \$300 per tip.

I agree and understand that this is a service agreement between the customer and the CRST Sanitary Landfill and it may be terminated if I move from the location listed in this service agreement and/or by non-payment of solid waste fees. In the event the container requires moving contact our office at 605-964-6111 at least (7) days prior to the date of move. I understand that I am able to change my service level without voiding this agreement.

Customer Signature: _____

Date: _____

*****For Office Use Only*****

Waste collection Service Level Options:

Service Type: _____ Individual collection.....No. of Containers _____ X Roll-Off Dumpster Collection.....Size: 30 Yard

Service Frequency: _____ 1x per week _____ 2x per week _____ 1x per month X Call when needed