ROLL OFF DUMPSTER FORM

I hereby give my permission for the City of St. Peters to deliver and pick up a roll-off box to the following address:

Street Address & Subdivision: _____

I, the undersigned homeowner agrees to defend, indemnify and hold harmless the City, including its agents, representatives, and employees, from and against any and all suits, actions, legal or administrative proceedings, claims, demands, damages, losses, penalties, fines, costs, and expenses of whatsoever kind or character which are or may be asserted against the City relating in any manner, whether proximate or not, to the delivery and pick up of a roll-off box to the above referenced address. Further, the undersigned homeowner hereby releases the City, its employees, agents, successors and assigns, and all persons acting with the permission or upon the authority of them, from any liability related to the delivery and pick up of a roll-off box to the above referenced address. **The homeowner needs to contact City Hall via phone or email 24 hours prior to have the roll off collected and hauled away when finished with use.**

Fees

I, the undersigned homeowner understands the fee for this service is $350.00 for one-time drop-off, pick-up, and net weight up to 4 tons. Additional tonnage over 4 tons is billed at $45.00 per ton. Non-use fee is $7.00/day after 7 days per drop. Additional fees as follows for appliances: $23 additional for each appliance (i.e. washer, dryer, dishwasher, refrigerator, freezer, air conditioner, ETC).

[] 20 cubic yard dumpster   [] 30 cubic yard dumpster   [] 40 cubic yard dumpster

Check One:

X_____   _____
Homeowner's Signature   Phone Number

_____-_____   _____
Requested Delivery Date – AM/PM   Requested Delivery Location

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City of Cottleville Office Use:	
Date Received:	Check No.:
Fee Receipt No.:	City Representative:
Total Amount Paid:	Notes:

Roll Off Number:_____

Driveway Type: ☐ CONCRETE   ☐ ASPHALT   ☐ GRAVEL   ☐ OTHER

Visible Damage: ☐ CRACKED   ☐ PITTED   ☐ SETTLING/DEPRESSIONS   ☐ EROSION

Notes: _____