

**LIBERTY COUNTY SOLID WASTE ENTERPRISE FUND
LIBERTY COUNTY BOARD OF COMMISSIONERS**

Liberty Courthouse Annex
100 N Main St, Suite 1510
Hinesville, Georgia 31313
(912) 884-5353

APPLICATION FOR DUMPSTER SERVICE

Applicants Name: _____

Applicant's Mailing Address: _____

City/State/Zip Code: _____

Daytime Phone Number: _____

Business Name: _____

Business Physical Location: _____

Terms of solid waste refuse container service contract:

1. A non-interest bearing deposit equal to one months total billing will be paid before any container(s) is (are) delivered to the service location.
2. A fee of \$75.00 is required for placing and removing the first container. Additional containers placed at the same service location will be placed and removed at a fee of \$50.00 each. Such fees will be paid in advance of container delivery.
3. The applicant is required to provide and maintain a suitable hardstand and unobstructed pick-up site for each refuse container as pre-coordinated with the Liberty County Solid Waste Operations Manager.
4. Monthly service payments are due by the 28th of each month and shall be payable to the Liberty County Solid Waste Authority at the above address.
5. Payments received after the 28th of the month will be assessed a late fee equal to ten (10) percent of the outstanding balance as of the due date of the payment.
6. If service payments (including any late charges) are not received within 30 days of the due date, refuse service will be discontinued, all containers will be removed from the service location(s), the Health Department will be so advised, and the matter will be turned over to a debt service agency. Reestablishment of services will require negotiation of a new dumpster service contract.
7. Upon termination of refuse disposal services, the deposit will be applied to any unpaid balances (including applicable late charges) of the applicant and any amount remaining will be refunded within 30 days of termination. Service fees will be pro-rated for less than thirty (30) days provided 20 days advance written notice is given by the applicant to the above address.
8. Containers which have been vandalized or burned will be removed and replaced at the discretion of Liberty County. A placement/removal fee will be assessed for such services.
9. The applicant is responsible for insuring the proper placement of refuse in the container. Refuse placed outside the container remains the responsibility of the applicant.
10. The applicant is responsible for insuring the exclusion of any hazardous waste, medical waste, petroleum products (including used filters), or liquids in excess of one gallon from all refuse contents. Failure to comply with this term will result in immediate removal of all containers from the service location and notification of the Georgia Department of Natural Resources, Environmental Protection Division.
11. The monthly service fees specified below are subject to revision as approved by the Liberty County Board of Commissioners.

Applicant has read, understands, and agrees to the terms stated above and to the provisions of the Liberty County Code of Ordinances, specifically Chapter 15, Solid Waste.

Applicant's Signature _____ Date _____

Applicant's Name (Type/Print) _____

For Solid Waste Operations Manager Use Only:

Service Location and Route	Quantity & Capacity (CY) of container(s)	Frequency of pick-up	Monthly Fee

TOTAL MONTHLY FEE _____

Customer Account Number _____

LIBERTY COUNTY SOLID WASTE AUTHORITY

DUMPSTER SERVICE ACCOUNT INFORMATION

ACCOUNT NAME

List the name of the person or business who will be responsible for the account

Name _____

If business, Employer Identification Number _____

If individual, Social Security Number _____

ACCOUNT ADDRESS

Physical location address for requested service

Address _____

City _____ State _____ Zip _____

MAILING ADDRESS

If different from above

Name _____

Address _____

City _____ State _____ Zip _____

CONTACT INFORMATION

Name _____

Title _____

Telephone Number _____

Alternate Telephone Number _____

Fax Number _____

E-mail Address _____

ADDITIONAL CONTACT INFORMATION

Please provide information on an additional contact for the account if possible

Name _____

Telephone Number _____

E-mail Address _____