



City Of Liberal
Sanitation Department
P.O. Box 2199, Liberal, KS 67905-2199
Phone (620) 626-0136 Fax (620) 626-0173

20-YARD OPEN TOP ROLL-OFF CONTAINER AGREEMENT

Name: _____

Billing Address: _____

Phone Number: _____

Dates of Service: _____

Delivery Location: _____

Description of Contents: _____

Contact Phone Number (if different from above): _____

- 1) An initial fee of \$120.00 per load is required for reservation.
2) The City of Liberal will deliver the roll-off container to the designated location for not more than five (5) business days.
3) Once loaded, notify the Sanitation Department no later than 2:00 PM to have the container picked up.
4) The City will pick up and dispose of the contents at the county landfill, and the landfill charges will be billed to you directly.

By signing this agreement, I agree to the above rates and terms for use of the 20-yard open top roll-off container.

Signature of Authorized Person

Print Name

Date

FOR OFFICE USE ONLY
Date Received: _____ Received By: _____
Amount Received: _____ Payment Method: _____