

SOLID WASTE SERVICE AGREEMENT

Cheyenne River Sioux Tribe
 Solid Waste Landfill
 PO Box 590
 Eagle Butte, SD 57625
 605-964-6111

Customer Account No. _____
 Container/Dumpster No. _____
 Number in Household _____
 Effective Date _____

Account Name		Billing Name	
Service Address		Billing Address	
Address 2		Address 2	
City, St., Zip		City, St., Zip	
Phone Number		Phone Number	
Contact Person		Contact Person	

Dear Customer:

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

Solid Waste 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 of bagged garbage. One ton truck cannot pick up loose garbage. Remove all household 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. Close the container lid. 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 Solid Waste Landfill. Notify customers of any proposed rate increases. Place your dumpster on the closest area to the main Highway or numbered BIA/County Road leading to your residence. 	<ul style="list-style-type: none"> Only place acceptable waste in my container(s). Hazardous waste will not be placed in or beside container(s). Keep my container off of my main roadway for safety and snow removal. 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. Bring my container to the edge of the road on collection day, with in 20 ft. of the main road. (Unless other special services are needed). Remove snow for a path to the dumpster/container. Ensure that all waste is contained in a trash liner/bag before placing into trash 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 \$20 (in town) \$25 (rural) by the 25th of each month.

I agree and understand that this is a service agreement between the customer and the CRST solid Waste Landfill and it may be terminated if I move from the residence listed in this service agreement and/or by non-payment of solid waste fees. In the event the customer is moving contact our office at 605-964-6111 at least (10) days prior to the date of my move. I understand that I am able to change my service level without voiding this agreement.

Customer Signature: _____

Date: _____

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

Household waste collection Service Level Options:

Service Type: _____ Individual collection.....No. of Containers _____ _____ Dumpster Collection.....Size: _____

Service Frequency: _____ 1x per week _____ 2x per week _____ 1x per month