

**McCURTAIN COUNTY SOLID WASTE
MANAGEMENT AUTHORITY
PO BOX 653 IDABEL, OK 74745
580-286-5035 FAX 580-286-7894**

8-yard Dumpster Contract

Name: _____

Billing Address: _____

Phone#: _____

Location where 8-yard box will be placed: _____

Directions: _____

Start Date: _____ End Date: _____

8 Yd Dumpster

- 1 Dumpster \$35.00 or 1 Dumpster \$45 due out of routing area
- 2 Dumpsters \$70.00
- 3 Dumpsters \$105.00
- 4 Dumpsters \$140.00

8-Yd dumpster fee \$35.00 per dump. Dumpsters must be dumped every 14 days. _____
Customer will be billed every 14 days for box due to high demands of rental. _____ (initial)
Customer is responsible for making sure we have access to dump every 14 days and if we are
unable to dump box customer will still be charged. _____ (initial)
Customer will be charged current market value to replace or repair a damaged, defaced or
burned box. We will send you an invoice for repairs. _____(initial)
Customer will be charged a reset fee if box is pulled of \$35.00 each time. _____ (initial)
Customer is responsible for added fee of \$10.00 per dump if location not in our daily route.
Customer will be charged a \$50 NSF fee for any returned checks. _____ (initial)
Customer is responsible for who uses dumpster and any trash on ground around box.
Customer will be charged a \$50.00 late fee if bill is not paid every month by the 15th of each
month. If the invoice is not paid the late fee will continue to go up and account will be
turned over to the DA office for collections and you will be responsible for court cost and
attorney fees. (Prior arrangements must be made with us on billing if your company or business requires longer than 15 days to
pay the bill. As long as prior arrangements are made we will waive these added fees. This waiver is for companies and businesses that
require 45 days for billing and use PO's. These arrangements are set up at the time the contacts are signed and noted.)

Description of debris _____

I have read and understand the requirements for renting a 8-yard green box dumpster from the McCurtain Co Solid Waste-McCurtain Co. Public Health Mang. Authority.

Name: _____ Date: _____