



Solid Waste Services/Regional Recycling Center
P.O. Box 190
Lufkin, TX 75902
Email: solidwaste@cityoflufkin.com
Phone: (936) 633-0281 Fax: (936) 634-8054

Recycling Dumpster Service Agreement

This agreement is made between the City of Lufkin, Solid Waste Services/Regional Recycling and

Date: _____

Account Number: _____

Business Name: _____

Mailing Address: _____
Street/P.O. Box City State Zip Code

Phone No: _____ Fax No: _____

Email Address _____

Dumpster Location: _____

Contact Person: _____ Local Phone: _____

Recycling Dumpsters remain the property of the City of Lufkin Solid Waste Services Department. Dumpsters will be set down at no charge to the customer, but will be billed a monthly collection fee as listed in this agreement.

Container Size Requested: 4 CY 8 CY
(Select One)

Type of Recycling Dumpster: Cardboard

Number of Times to Service Container: _____ Weekly

The Customer Shall:

1. Load container to the point it can be closed and emptied without loss of refuse during transit to the Regional Recycling Center when applicable.
2. Shall have the container accessible for collection when scheduled for service.
3. Shall provide a site for container that is readily accessible by collection vehicle on customer property. Maintenance of this site, together with the approach, shall be the responsibility of the owner. The city will not be responsible for damage to drives, parking lots, sites or vehicles.

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- 4. Dumpster will be monitored for contamination and the city reserves the right to refuse service to any recycling container that is contaminated. Contamination means any item that is inside the container except for the designated recyclable material.

Collection Charges (Pursuant to City Ordinance 54.04 (a)):

Container	Number of pickups per week				
	1x	2x	3x	4x	5x
4 cu yd	\$38.50				
8 cu yd	\$38.50	\$77.00	\$115.50	\$154.00	\$192.50

Collection of contaminated dumpsters will be charged \$55 transportation charge plus \$6.53 per cubic yard plus 8.25% sales tax.

Customer Signature: _____

Date: _____

Printed Name: _____

For Office Use Only

City Representative: _____

Date: _____