



City Of  
Tarpon Springs

**CITY OF TARPON SPRINGS  
ROLL OFF APPLICATION FORM  
TEMPORARY DUMPSTER SERVICE  
Phone: 727-942-5609 \* Fax: 727-943-4057  
Email: ubcts@ctsfl.us**

Arrangements should be made at least 48 hours prior to delivery of container. Due to the size and weight of the equipment, it is the **responsibility of the owner of the property to provide a safe, accessible area**, which is clearly marked for proper placement. A 30-yard container cannot be ordered if you are disposing of extremely heavy materials such as cement, rock or roofing materials.

Once the container has been placed at the designated property, **it becomes the customers' responsibility to maintain service within a reasonable timeframe**. A container with no activity over a two-month period will be subject to a rental fee.

*\*After calling WM for final pick up, you must submit written request to Utility Billing in order for your deposit to apply\**

**\*\*\*\*\* The phone number to call for service is: (727) 572-8779 \*\*\*\*\***

***\*Rates are subject to change October 1<sup>st</sup> and are applicable to all containers\****

Roll off charges are as follows (**circle one**):

30 yard*	\$ 545.44 per pull	<b>plus</b>	\$ 53.64 per ton - tipping fee	\$ 1300.00 deposit
20 yard	\$ 545.44 per pull	<b>plus</b>	\$ 53.64 per ton - tipping fee	\$ 1300.00 deposit
10 yard	\$ 545.44 per pull	<b>plus</b>	\$ 53.64 per ton - tipping fee	\$ 1300.00 deposit

\*If you order a 30 yd and there is not one available, do you want a 20 yd instead or do you want to wait for a 30 yd to be available? \_\_\_\_\_

All above costs are subject to an administration fee of 20%. Charges will be billed to your utility account following service.

**Roll off charges are usually billed within two months of the pull date, the charges will vary according to weight of the container for each pull**

I have read and understand charges and agree to conditions as stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone No. 1) \_\_\_\_\_ Phone No. 2) \_\_\_\_\_

City Account Number \_\_\_\_\_ Waste Management Account # \_\_\_\_\_

Requested Delivery Date \_\_\_\_\_ (To be approved by WM)

Where should we place container? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_