



Authorization for Use of Yard Debris Container

TOWN OF CHAPEL HILL
Public Works Department
Solid Waste Services Division
6850 Millhouse Road
Chapel Hill, NC 27516-8173
phone (919) 969-5100, fax (919) 969-2003
publicworks@townofchapelhill.org

Please read the entire agreement and completely fill out all the marked fields.

I hereby request use of a yard debris container owned by the Town of Chapel Hill and agree to comply with the following conditions:

1. That I am NOT a contractor; my need arises from doing yard work at my home.
2. That the debris container shall only be used for tree limbs, leaves, shrubbery, grass trimmings, yard debris, and logs 10-inches or less in diameter; there should be no dirt or sod placed in containers.
3. That I will NOT place stumps and logs greater than 10-inches in diameter, building debris, garbage, concrete, bricks and other bulky items within the refuse container and any such materials that are placed into the container will be removed by the homeowner upon notification by the Solid Waste Services Division. Failure to remove items will result in a prohibition of future container usage at this location and by this resident. If any of these items are found in the container, we will back-charge you with the fine(s) or any additional disposal charges we receive at the landfill.
4. That materials are to be loaded manually; no machine loading is permitted.
5. That I will NOT fill the load above the top of the container and no material will be sticking up past the top of the container. An exception is that containers filled solely with logs (10-inches or less in diameter) can only be filled halfway to the top of the container due to weight restrictions for transporting the container.
6. That I will release the Town from liability for any damage resulting from Town equipment or personnel being on private property to deliver or remove the debris container.
7. That I will be responsible for any injuries that result to individuals using the container or damages directly to the container while being used by the homeowner.
8. That a fee for each weekday/weekend will be paid, prior to delivery.
9. That the yard waste materials are generated at the approved address (below).

*Number of Dumpsters Requested: _____	*Please draw or write where you want the container placed (Please note that placement of the container may be restricted due to safety or other concerns.):
*Delivery Date Requested: _____	
*Dumpster Removal Date Requested: _____	
*Address: _____	
*Phone: _____	
*Signature: _____	
*Print Name: _____	
*Date: _____	

For Office Use Only	
Fee Paid: \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Date paid: _____ Admin. Initials: _____
Driver Name: _____	Date Removed: _____ Time: _____