City of Olathe
ROLL-OFF ACCOUNT APPLICATION

Name of Company/Customer | Service Address

Billing Address | City | State | Zip

Telephone Number | Email Address

eBilling? ☐ Yes ☐ No

Owner's Name | Telephone Number

Owner's Address | City | State | Zip

Federal Tax I.D. Number (Company) | Social Security Number (Individual)

Contact Person's Name | Telephone Number

Date to Start Service | Length of Service

Location for placement of the container (west side of driveway etc.) | Container Size (20, 30 or 40 yard)

The undersigned hereby gives the City of Olathe authorization to obtain a credit report to ascertain credit worthiness.

Upon acceptance as a roll off customer, I/The Company agree(s) to remit payment of the roll off charges twenty-one (21) days from the billing date. I/The Company acknowledge(s) the payment must be received (not postmarked) on or before the twenty-first day following the rendering of the bill or a penalty of five percent will be assessed of the total outstanding current charges.

It is fully understood, the container will be removed from the service address and charge capabilities will be suspended for all charges over forty-five (45) days until all monies owed the City of Olathe for roll-off charges are paid in full. All charges over sixty (60) days will be sent to a collection agency.

I/The Company agree(s) to ensure that the roll-off container is level across the top before calling the City of Olathe Solid Waste Department at (913) 971-9098 to have the container emptied or removed from the service address.

I/The Company agree(s) to return the container to the City of Olathe in the same condition that it was received. Reasonable wear and tear and unavoidable casualty loss alone acceptable.

Container service fee: $243.00 per pull + disposal fee

Customer-owned container service fee: $185.00 per pull + disposal fee

Disposal fee: $75.00 per ton
Roll off rental period: 14 days

Minimum bi-weekly fee: $243.00 (a minimum fee will be applied on the 15th day, if City-owned container is not serviced within the 14-day rental period)

Applicant Signature _____ Date _____
(Owner/Office Authorized Signature)

Approved by _____ Date _____
(City of Olathe, Authorized Signature)

1385 S. Robinson Dr. - Olathe, KS 66061 - Telephone: (913) 971-9098 - Email: olathesolidwaste@olatheks.org