

ATLANTIC TRASH & TRANSFER, LLC. RULES FOR “TRASH BAG” PICK UP

- *** DO NOT FILL ABOVE THE SIDES OF BAG. _____ Initials
- ***NO APPLIANCES, TIRES, BATTERIES OR ELECTRONICS. _____ Initials
- ***NO FOOD, OR LIQUIDS SUCH AS (OIL, WET PAINT, OR GREASE) _____ Initials
- ***NO HAZARDOUS MATERIALS!! (STAINS, ADHESIVES, CLEANERS, ANTI FREEZE, CAULK) ANY HAZARDOUS MATERIALS FOUND IN BAGS WILL BE RETURNED TO CUSTOMER. _____ Initials
- ***NO AMMUNITION, FIREWORKS, FLARES, OR MEDICATIONS. _____ Initials (PLEASE CALL SHERIFF’S OFFICE 305-289-2371 for disposal information)
- *** NO MATTRESSES, CARPETING OR UPHOLSTERED FURNITURE. _____ Initials
- *** NO ASPHALT OR ASPHALT ROOFING MATERIALS ALLOWED. _____ Initials
- *** I understand that the “Trash Bag” must be at least 5ft away from any structure, vehicle or fencing and must be flat on the ground. _____ Initials
- *** I understand that the cost for Pick-up and disposal from Key Largo to MM 79 is \$195.00. The cost from MM79- MM47 is \$230.00. _____ Initials *Prices subject to change without notice. *
- *** I understand that I must present the signed rules page; if not previously turned in, as well as payment to driver when the” Trash Bag” is picked up. _____ Initials (Drivers can accept check or cash. If you prefer, prepayment can be made in the office at 300 Atlantic Drive, Unit # 1 Key Largo.)
- *** I understand that all pick-ups are performed on Wednesdays and I must call the Atlantic Trash office at 305-451-2900 at least 48 hours ahead to schedule for the next coming Wednesday. _____ Initials
- ***ATLANTIC TRASH & TRANSFER, LLC IS NOT RESPONSIBLE FOR ANY DAMAGE WHICH MAY RESULT FROM THIS SERVICE. _____ Initials

Name: _____		
Phone: _____	E-mail: _____	
Mailing address: _____		
City: _____	State: _____	ZIP Code: _____
Address of Grapple Service: _____		

I, _____ agree to the terms and rules of the “TRASH BAG/s.”

Sign: _____ Date: _____

Print Name: _____, Title: _____