TOWN OF SIMS

252-237-4226

TRASH DUMPSTER AGREEMENT

REQUEST DATE & TIME: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE: _____ **TIME:** _____

DISPOSAL ITEMS: _____

_____

- ☐ I agree to the terms and conditions in the Town of Sims Internal Trash Dumpster Policy.
- ☐ I agree to only discard authorized items into the Town Dumpster.
- ☐ I understand that violations of the policy may result in penalties.

Resident Signature: _____

Town Official Signature: _____