



Application No. _____

YARD WASTE BIN ORDER FORM

Return this form to:
City of Polk City
Attn: City Clerk
112 S. 3rd Street
Polk City, Iowa 50226

Delivery Information: Yard waste Bins can be delivered free of charge.

Name: _____ Daytime Phone: _____

Address: _____

Email Address: _____

95 Gallon Yard Waste Bin

Number of Bins: (1)

Annual collection fee: \$105.

Amount submitted: \$ _____

Cash Check No. _____ Visa/MC

Internal Use Only:

Yard Waste Bin Number: _____

Yard Waste Sticker Number(s): _____

Delivery Date: _____

Delivered by: _____

Amount submitted for damaged, lost or unreturned bin. \$ _____

(\$60.00 per bin)

Cash Check No. _____

**For additional information,
please contact the City
at (515) 984-6233**

I understand the Yard Waste Bin is the property of the City of Polk City, and is on loan to me for the disposal of yard waste only. I agree that I will use the yard waste bin for its intended use, and agree that should the bin become damaged, lost or stolen, or if I do not return the bin; I will reimburse the City \$60.00 for the yard waste bin.

Date _____ Signature of resident _____