



Resource Recovery & Recycling Division

Rent-A-Bin Application

Please complete and submit for review to 311@santamonica.gov

Part 1: Renter Information

Name: _____ Telephone: _____

Address: _____ Email: _____

Payment Type (please choose one). If applying to your Utility Billing Account, please provide account number:

Payment Type		Amount
Utility Billing (please provide account number) # _____	Credit Card ¹ (please initial here) _____	\$ _____

¹Please note, for credit card payments there will be a 3% processing fee.

Part 2: Bin Usage Information

Project Description: _____

Container will be dropped off within 7 days of application receipt. Container Pick Up Date²: _____

²Container rental rate is for each four-week rental period. Renewals will be charged in four-week increments from date of delivery and will not be prorated. If you need the container for an extended period contact (866) 311-7266 or 311@santamonica.gov

Container Drop-Off Location: Public Property³ (alley or curbside): _____ Private Property⁴ (driveway) _____

³City permit required for staging container on public property. ⁴The City assumes no liability for damage to private property.

Materials to be placed in the rental container:^{5,6} _____

⁵No furniture or construction materials may be disposed of in rental containers.

⁶No hazardous materials or electronics may be disposed of in rental containers. Please contact the Household Hazardous Waste Facility at (310) 458-8255 for more information _____ Initial

Part 3: Cost Information

Note: ALL containers are delivered with a lock. If the lock is not returned, a fee of \$27.68 will be assessed.

Container Size	Cost	Additional Fees (Optional)
2 Cubic Yards	\$322.06 per bin per four-week rental (includes delivery and removal of full bin at close of term)	\$106.54 – per bin for each extra dump \$149.20 – bin truck roll-out service fee ⁷

⁷Container must be placed within ten (10) feet of the City's truck collection point to avoid the bin truck roll-out fee. Up to 24 hours' notice is required for the removal or additional dumping of the container.

I AGREE TO THE ABOVE LISTED CONDITIONS:

SIGNATURE: _____ **DATE:** _____

INTERNAL USE ONLY

Payments Type	Amount	Payment Type	Amount
Utility Account Number # _____	\$ _____	Credit Card Transaction # _____	\$ _____

Containers to be delivered:

Container Size	Number of Containers	Pick up frequency	Fee
2-yard bin			

Notes: _____