



**CITY OF SANTA MONICA
REFUSE BIN RENTAL APPLICATION**

Section 52280 of the Santa Monica Municipal Code provides that the owner, manager, or authorized agent of the owner of any place of business, multiple dwelling, or apartment house may request the City furnish them with bin-type refuse containers. The bi-monthly charges for these bins shall be in addition to the regular bi-monthly dwelling unit charges. The City shall determine the number of bins to serve their property. The bi-monthly rates established for renting these refuse bins shall be as follows:

APARTMENT RENTAL CHARGES

	1/ wk service	2/wk service	3/wk service	4/wk service	5/wk service	6/wk service
2 cu yd bins	\$146.75	\$293.51	\$440.25	\$587.00	\$733.76	\$880.50
3 cu yd bins	\$221.40	\$442.83	\$664.24	\$885.66	\$1,107.08	\$1,328.42
300 gallon container (must remain in the alley)	\$140.31	\$280.63	\$420.94	\$561.26	\$701.58	\$841.89

COMMERCIAL RENTAL CHARGES

	1/ wk service	2/wk service	3/wk service	4/wk service	5/wk service	6/wk service	7/wk service
2 cu yd bins	\$105.55	\$211.11	\$316.67	\$422.22	\$527.79	\$633.34	\$738.91
3 cu yd bins	\$142.89	\$285.77	\$428.67	\$571.56	\$714.45	\$857.33	\$1,000.22
300 gallon container (must remain in the alley)	\$97.83	\$195.66	\$303.48	\$404.64	\$505.80	\$606.96	\$684.84

If necessary for the requested bins to be placed on private property (more than 10 feet from the alley or street right-of-way), an additional bi-monthly charge per bin will be accessed.

PLEASE PROVIDE THE ADDRESS WHERE BIN IS TO BE DELIVERED:

of 2 cu yd bins requested: () # of 3 cu yd bins requested: () # of 300g requested: ()

Frequency of collection: () 1/wk () 2/wk () 3/wk () 4/wk () 5/wk () 6/wk () 7/week

Will bin(s) be located more than 10 feet onto private property? () Yes () No

Number of dwelling units: () Number of business units: ()

If refuse is not picked up because of a holiday, trash pick up will be scheduled on the following day.

**For additional information call (310) 458.2223 or fax (310) 264-7750
SOLID WASTE MANAGEMENT, 2500 Michigan Avenue, Santa Monica, CA 90404**

Applicant signature: _____ Tel. No.: _____

Mailing Address _____ Date _____

OFFICE USE ONLY

Acct.#: _____ Account address: _____

Street address: _____ Delivery Date: _____ Supervisor's Initials _____