



RETURN TO:
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www.manchester-ia.org

City of Manchester Solid Waste Collector's Application

Contact Information

Form with fields for Business Name, Contact Name & Title, Address, Telephone, and E-Mail Address.

\*ATTACH W9

EQUIPMENT

Please provide a complete and accurate listing of the number and type of collection and transportation equipment to be used.

COLLECTION PROGRAM

Please provide a complete description of the frequency, routes and method of collection and transportation to be used.

DISPOSAL

Please provide a statement as to the precise location and method of disposal or processing facilities to be used.

INSURANCE

Please provide a copy of your liability insurance covering all operations pertaining to the business and all equipment and vehicles to be operated in the conduct thereof in the following minimum amounts:

Table with 4 columns: Bodily Injury, \$100,000 per person / \$300,000 per occurrence, Property Damage, \$50,000

Each policy must indicate the insurance carrier will notify the City of the expiration, cancellation or other termination of coverage not less than ten (10) days prior to the effective date of such action.

ANNUAL LICENSE FEE

An annual license fee in the amount of \$50 should be enclosed with the application.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete.

Signature

Date