

# CITY AND BOROUGH OF SITKA

## ROLLOFF CONTAINER SERVICE APPLICATION

Submit the completed application to the City and Borough of Sitka Finance Department, 100 Lincoln Street, Sitka, Alaska 99835, or electronically to [utilities@cityofsitka.org](mailto:utilities@cityofsitka.org). Complete Sections 1, 2, and 6, and the supplemental section(s) corresponding to the rate tier requested. The Finance Director will issue a written determination within 15 business days of receipt of a complete application. Incomplete applications will be returned without a determination. Service is limited to available containers; if no container is available, an approved applicant will be placed on a waitlist.

### SECTION 1. APPLICANT INFORMATION

|                                                  |  |
|--------------------------------------------------|--|
| Applicant or business name                       |  |
| Service address (container location)             |  |
| Mailing address                                  |  |
| CBS utility account number                       |  |
| Contact name and title                           |  |
| Telephone                                        |  |
| Email                                            |  |
| Property owner name, if different from applicant |  |

### SECTION 2. SERVICE REQUESTED

#### Rate tier requested (select one):

- ☐ Standard commercial (SGC 15.15.035). Complete Sections 3 and 6.
- ☐ Public good (disposal weight only). Complete Sections 3, 4 and 6.
- ☐ Neighborhood cost-share. Complete Sections 5 and 6.

#### Type of request (select one):

- ☐ New rolloff service
- ☐ Change of rate tier
- ☐ Additional rolloff container for an existing arrangement
- ☐ Reinstatement following suspension
- ☐ Resumption of rolloff service following voluntary discontinuance (including seasonal)

|                                   |  |
|-----------------------------------|--|
| Requested service start date      |  |
| Proposed container placement site |  |
| Requested pickup frequency        |  |

### SECTION 3. STANDARD COMMERCIAL SUPPLEMENT

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***Required for both standard commercial and public good applicants.***

|                                             |  |
|---------------------------------------------|--|
| Current container size and pickup frequency |  |
| Requested rolloff container size            |  |
| Estimated weekly waste volume (cubic yards) |  |

Description of the business and its waste stream:

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Explain why standard commercial container service, including increased pickup frequency, is insufficient:

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**Supporting documentation attached (waste volume documentation is required):**

- ☐ Waste volume records or hauler service records
- ☐ Site plan or photograph showing proposed placement
- ☐ Other (describe): \_\_\_\_\_

## SECTION 4. PUBLIC GOOD SUPPLEMENT

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***Public good applicants must also complete Section 3. Qualifying category alone does not establish eligibility; the applicant must demonstrate a waste volume need under the same criteria that apply to standard commercial applicants.***

**Qualifying category claimed (select one):**

- ☐ Public school or Sitka School District facility
- ☐ Grocery store whose primary business is the retail sale of food and household consumables to the general public for off-premises consumption (restaurants, cafeterias, and other prepared-food or food-service establishments do not qualify)
- ☐ Government facility operating within the CBS solid waste service area

**Describe the need supporting public good treatment:**

**Applicant acknowledges:**

- ☐ Container service is arranged directly with and paid to the refuse collection contractor. CBS assesses no monthly container fee.
- ☐ CBS will bill the account for disposal weight at the transfer station rate established in SGC 15.15.045(A).
- ☐ Eligibility is reviewed annually and may be revoked on 30 days written notice with opportunity to respond.

**Applicant initials:** \_\_\_\_\_

## SECTION 5. NEIGHBORHOOD COST-SHARE SUPPLEMENT

***The designated account holder is the applicant and must complete Section 1 and sign Section 6.***

|                                                             |  |
|-------------------------------------------------------------|--|
| Neighborhood arrangement name                               |  |
| Designated account holder name                              |  |
| Designated account holder service address                   |  |
| CBS utility account number                                  |  |
| Telephone and email                                         |  |
| Number of participating households (minimum 40, maximum 80) |  |
| Proposed container placement site                           |  |

**Required attachments:**

- ☐ Participant list identifying every participating address and CBS utility account, signed by the account holder of record for each address
- ☐ Executed Neighborhood Rolloff Customer Agreement for each participating household, including the designated account holder
- ☐ Written confirmation from the refuse collection contractor approving the proposed placement site
- ☐ Map or description showing that every participating residential unit lies within one-quarter mile (1,320 feet) of the proposed placement site, measured along the public road or established access serving the units

**Applicant acknowledges:**

- ☐ Sole and full liability to CBS for all charges billed to the arrangement, including the full monthly rolloff rate, over-minimum household charges, and extra pickup charges
- ☐ Participating households surrender individual curbside collection service and waive the 200 pound per month free residential transfer station disposal allowance under SGC 15.15.045(A) for the duration of the arrangement
- ☐ If participation falls below 40 households, service is subject to a 30 day cure period and suspension, and the minimum may be restored only by recruiting additional qualifying households
- ☐ CBS is not a party to and has no responsibility for any cost-sharing, access, or use arrangement among participants

**Applicant initials:** \_\_\_\_\_

## SECTION 6. CERTIFICATION AND SIGNATURE

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|                            |  |
|----------------------------|--|
| Applicant or business name |  |
| CBS utility account number |  |

**Supplemental section(s) completed:**      ☐ Section 3      ☐ Section 4      ☐ Section 5

I certify that the information provided in this application, including Sections 1 and 2, the supplemental section(s) indicated above, and all attachments, is true and complete to the best of my knowledge. I have reviewed Finance Department Policy No. 26-01 and SGC 15.15 and understand that rolloff container service is billed at the rates established by ordinance, that no discount, waiver, or negotiated rate is available, and that service may not begin until the Finance Director approves this application in writing. I further understand that authorization is subject to annual review and may be revoked if eligibility conditions no longer exist.

|                        |  |
|------------------------|--|
| Signature              |  |
| Printed name and title |  |
| Date                   |  |

**FOR CBS USE ONLY**

|                           |  |
|---------------------------|--|
| Date application received |  |
| Date application complete |  |

**Determination:**

- ☐ Approved. Rate tier: \_\_\_\_\_ Container size: \_\_\_\_\_
- ☐ Approved with conditions (state conditions below)
- ☐ Approved; placed on waitlist pending container availability. Waitlist date: \_\_\_\_\_
- ☐ Denied (state basis below)

Conditions or basis for denial:

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|------------------------------|--|
| Authorized service frequency |  |
| Applicable monthly rate      |  |
| Service effective date       |  |

|                            |  |
|----------------------------|--|
| Finance Director signature |  |
| Date of determination      |  |

*A denial may be appealed to the Municipal Administrator within 10 business days of the date of determination. The Municipal Administrator's decision is final.*