



## City of Jennings Temporary Container Form

Name of resident: \_\_\_\_\_

Address of resident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number of resident: \_\_\_\_\_

Container choice:

- 3-yard dumpster                      \_\_\$98.75/service
- 8-yard dumpster                      \_\_\$105/service
- 20-yard roll off container        \_\_\$100/haul; \$32/ton

Delivery date: \_\_\_\_\_

Removal date: \_\_\_\_\_

Placement of container upon arrival to address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permit number: \_\_\_\_\_

Please have resident read and sign the container waiver form.

Please email both forms to Customer Service: [STLcustomerservice@republicservices.com](mailto:STLcustomerservice@republicservices.com)

Customer Service will contact resident to secure order request and payment.