

## ATTACHMENT C PROPOSAL FORM

This template must be used – additional pages may be attached as needed.

**10 Month - Monthly Cost:**

|           |          |                      |
|-----------|----------|----------------------|
| Refuse    | \$ _____ | (Lump Sum Per Month) |
| Recycling | \$ _____ | (Lump Sum Per Month) |

**2 Month – Summer Monthly Cost:**

|           |          |                      |
|-----------|----------|----------------------|
| Refuse    | \$ _____ | (Lump Sum Per Month) |
| Recycling | \$ _____ | (Lump Sum Per Month) |

**Additional Pick-Up Costs – cost per occurrence:**

|                 |          |     |  |
|-----------------|----------|-----|--|
| EXAMPLE         | \$ 50.00 | Per | 6 yard container                         |
| Refuse          | \$ _____ | Per | 6 yard container                         |
| Refuse          | \$ _____ | Per | 8 yard container                         |
| Refuse          | \$ _____ | Per | 10 yard container                        |
| Recycling       | \$ _____ | Per | 4 yard container                         |
| Recycling       | \$ _____ | Per | 6 yard container                         |
| Recycling       | \$ _____ | Per | 8 yard container                         |
| Additional Cost | \$ _____ | Per | Added if a Saturday pick-up is requested |

**Roll off Contract pricing:**

Cost per temporary roll-off service – cost to include container delivery, container pick-up, 2 tons disposal, all applicable state, county, and local city taxes, tipping fee's, and any/all fuel/environmental fee's.

| CONTAINER SIZE | All Inclusive Cost | Cost per TON on tonnage > 2 ton |
|----------------|--------------------|---------------------------------|
| 20 Yard        | \$ _____           | \$ _____                        |
| 30 Yard        | \$ _____           | \$ _____                        |

The above proposal costs to include all applicable State and County Taxes and Fee's, any/all surcharges, any/all environmental fees, tipping fees, and is net of any/all Haulers Rebates offered. If there are any other cost components associated with your proposal, please attached additional page(s) to this attachment detailing the additional costs.

\_\_\_\_\_  
Name of Company

|                                     |                                  |
|-------------------------------------|----------------------------------|
| Printed Name of Firm Representative | Signature of Firm Representative |
|-------------------------------------|----------------------------------|

|       |     |      |
|-------|-----|------|
| Phone | Fax | Date |
|-------|-----|------|