



## CITY OF SONORA SERVICE REQUEST DEBRIS PICKUP

Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Paid: **\$40.00/load**

# Of Loads \_\_\_\_\_ Amt. Paid \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

(1 load equals approximately 3 yard  
dump truck load)

**SERVICE REQUESTED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Completion Date: \_\_\_\_\_

I have read and understand the terms of the debris pickup agreement. If my pile exceeds one dump truck load, I understand that I am responsible to pay \$40.00 for each additional load or portion thereof beyond the first load, should it be required after inspection of the requested pile pick up. I also understand that if my pile does not comply with the criteria of the debris pile guidelines it will not be picked up until the problem(s) is/are corrected.

\_\_\_\_\_  
**Signature of Requestor**

### FOR OFFICE USE ONLY

Service Required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Labor Cost to City: \_\_\_\_\_ Work Authorized By: \_\_\_\_\_

Material Cost to City: \_\_\_\_\_ Work Completed By: \_\_\_\_\_

If Work not Authorized, or if completion date is different than requested, give date  
requestor was notified \_\_\_\_\_ Reason: \_\_\_\_\_

Original to Dept. Manager

**303-04107-008**

Copy to Requestor

Rev. 12/06 by Kim C.