CITY OF SONORA SERVICE REQUEST
DEBRIS PICKUP

Date:_____

Requested By: _____ _____

Phone Number

_____

Street Address

_____

City, State, Zip

Paid: **$125.00/load**
 # 0f 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 $125.00 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 Copy to Requestor

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