



THE COMMISSIONERS OF ST. MICHAELS

SETTLED 1670-1680
INCORPORATED 1804

300 MILL STREET
P.O. BOX 206
ST. MICHAELS, MD 21663

TELEPHONE: 410.745.9535
FACSIMILE: 410.745.3463

Refuse Container Agreement

Date: _____

I, _____ (Resident/Business Name known as the Customer) agree to the following terms and conditions for additional refuse container(s).

1. Customer agrees to pay \$25 per month, beginning _____ (date) for each additional container requested and provided by the Commissioners of St. Michaels (COSM).
2. Customer agrees to the additional container(s) will be provided and billed for the minimum of 12 months.
3. Customer will be responsible for notifying the COSM of their intent to return the additional container(s) at least 30 days in advance of the conclusion of the required 12-month period.
4. Customer agrees that the COSM may bill for this service as part of the customers utility bill or separately.
5. The customer requests _____ additional containers beginning _____ (start date).

Customer

Town Clerk, on Behalf of the COSM



Additional Trash/Recycle Cans

Start Date: _____

End Date: _____

Contact: _____

Phone Number: _____

Business: _____

Physical Address: _____

Billing Address: _____

Trash

Of Additional Cans _____

Recycle

Of Additional Cans _____