

City of Arcadia | Public Works Department 11800 Goldring Rd. Arcadia, CA 91066-6021 (626) 254-2720 PublicWorks@ArcadiaCA.gov

residing

at California, am requesting the following Bear Resistant Cart(s) in lieu of the regular trash and recycling

Bear Resistant Cart Agreement

Office Use Only

Arcadia,

Date Received

Date Sent to WM

Processed By

Cart Type	Trash (Black)	Organics (Green)	Recycling (Blue)	Total
# of Carts				
# Carts	Payment Type	Payment Per Cart	Monthly Fee	Total
City of Arcadia and	Waste Management recommen	d the purchase of Bear Resistant Orga	anics (Green) carts. However, resident	s are able to choose which cart
pe they receive.				s are able to choose which care
	_	ee to the following terms	and conditions:	
	one 96-gallon Bear Res	istant Cart is \$308.08. ected, an administrative fee	of \$1 50/month is include	d in the monthly
payment to		ected, all administrative rec	e or \$1.50/month is include	d in the monthly
		trash service level, my servi	ice level will be increased to	o the current 96-gallon
rate as esta	blished in the Residenti	ial Refuse and Recycling Ag	reement with Waste Mana	gement
(WM) Inc.				
	ekly residential service will commence upon arrival of the Bear Resistant Cart(s) to curbside.			
	this agreement, I understand that I am entering into an agreement to purchase the carts I selected			
	e terms I have chosen. It is my responsibility to make payments to Waste Management directly via bill separate from my regular bill for Waste Management collection service.			
•	, , ,			ity I will be recognible
-	=	of a non-Bear Resistant Cart d to Waste Management.	t of move away from the C	ity, i wili be responsible
. This Bear R	esistant Cart Agreemen	t is non-transferable, with t hoose to take my Bear Resis	,	
	•	property and responsibilit		
		a three-year limited manu	•	
	•	t, or damaged, the resident	•	• •
	eplaceable under terms			
I do hereby	wish to enter into this	Agreement with the City of	Arcadia, CA.	
Sign	ature		Date	
 Print	Name		 Phone Numbe	