



4303 Lawrenceville Road
Loganville, GA 30052
Tel: 770-466-1165 • Fax: 770-466-9128

ROLL OFF APPLICATION

City of Loganville Code: Sec. 26-57. – Occupant to pay fees; use of authorized service required.

- A) It is found and determined that the periodic collection of refuse from all places in the City benefits all occupants of places and premises in the City, and such occupants or persons in possession, charge or control of any place in or from which garbage is created, accumulated or produced are liable for and shall pay the refuse collection fees established by the Council.
- B) Refuse collection service shall be provided for by the City either by the City Department of Sanitation or through an independent contractor operating under formal contract with the City and it shall be mandatory for all occupants or persons in possession, charge or control of places and premises in the city in or from which refuse is created, accumulated or produced to use the collection provided by the City.
- C) It is unlawful for any person other than an independent contractor operating under a separate contract with the City or authorized agents and employees of the City to collect, remove or dispose of refuse in the City; provided, however, that nothing contained herein shall prevent the use of garbage disposal devices as provided in the plumbing code. (Code 1994, 8-105)

PLEASE BE ADVISED: ALL ROLLOFF APPLICATIONS MUST BE IN THE WATER ACCOUNT HOLDERS NAME- CHARGES WILL BE ADDED TO YOUR MONTHLY UTILITY BILL

Roll Offs:

Container Sizes Available:
20 yard OR 30 yard

Pricing:

Application Fee (non-refundable)	\$50.00
Per HAUL:	\$198.13
Per TON:	\$71.55
Per Day Rental Fee:	\$2.67

COMPANY or WATER ACCOUNT HOLDERS NAME: _____

TELEPHONE: _____ **EMAIL:** _____

BILLING ADDRESS: _____

EIN or SSN: _____

CONTACT NAME &PHONE: _____

LOCATION ADDRESS: _____ **LOT#** _____

PLACEMENT OF CONTAINER (BE SPECIFIC): _____

Waste Type (circle one): **Construction/Demolition** **Trash** **Both**

Desired Delivery Date: (NOTE: 24hr delivery schedule): _____

Signature: _____ I have Read and Understand the above code and pricing structure.

Contact City Hall for all haul requests

Rates Effective January 2025*

FOR OFFICE USE ONLY

DATE APPLIED _____ **TAKEN BY:** _____ **ACCOUNT #:** _____

APPLICATION FEE: Cash _____ **Check #** _____ **CC #** _____