# Dumpster Rental Agreement

**Complete all sections and check boxes, sign and submit with full pre-payment to North Hadley Sugar Shack**

**181 River Drive ~ Hadley, MA 01035 ~ 413-585-8820**
**northhadleysugarshack@gmail.com**

**Full pre-payment is required**

Name: _____ Company: _____

Address: _____ City _____

Daytime Phone: _____ Requested* Drop Date: _____
(**Please confirm availability* w/ us *first*)

Email Address: _____

Credit Card #: _____ Exp:_____ /_____ CVV#: _____ Zip Code _____

* Location Description for Drop-Off of Dumpster (***Required: Note as if looking at your house from the street)***

**Check one:** onto Asphalt Drive___ onto Gravel Drive___ onto Lawn Surface ___

_____

**Intended Dumpster Contents**: (***check one***) Landscape **or** Construction/Household Debris. Cannot be mixed.

Construction, Household Cleanout Debris* _____ Yard/ Landscape Debris _____

***MATTRESS DISPOSAL COSTS ARE NOW $80-$100 additional, per MA State recycling fees.**

**Dumpster Size & Max Load** (check one) _____10 yds/1 ton _____15 yds/2 tons ____20 yd/3 tons
**$455** **$545** **$625**

****Effective April 1, 2026 there will be a $25 fuel charge applied to all dumpster invoices ____**

☑ **I have received and read all "Qualified Waste Terms & Disposal Guidelines" as provided, and accept the full pre-payment requirement, agree to follow all guidelines and instructions for disposing of materials and debris into rental dumpster, and setting all non-qualified items alongside of dumpster to be reviewed/calculated for additional charge(s). I understand that dumpster is subject to inspection by driver and any non-conformance of disposal instructions and guidelines may result in additional charges.**

☑ **This Dumpster Rental agreement is for a term of 7 days, $20 per day charges will apply for each day over 8 days. Dumpster will be picked up on 8th Day. If access to dumpster is blocked, we will reschedule and a $100 Dry-Run Charge will be applied. Agreement Includes disposal of up to specified debris and maximum weights*. I agree to pay any/all weight overages, charged at a rate of $150/per-ton overage if exceeding the final weight agreement.**

☑ **Signed:** _____ **Date**: _____

***If you have any concerns pertaining to scheduling, questionable items for disposal or otherwise, please contact Joe Boisvert at 413-585-8820 during regular business hours. Thank You!***

NHSS Cashier: _____