Application for Household Refuse Container



Owner Name:		1
Physical Address:	City, State:	•
Telephone Number:	email:	
Do you own this residenceYesNo		
Name of water/sewer provider?		
To verify eligibility please provide:		
 Proof of Residence Ownership (Copy of deed Proof of Tribal Enrollment (copy of enrollment) 	d, County Auditor's tax receipt, SWHA conveyance) ent or Tribal ID)	
<u>Check One</u> (Only one container per home)		
Curbside Rollout Bin (95 gal) – Any eligible ho	ome (Tribal member owned and occupied)	
Dumpster (2 CY) - Rural eligible home on a home-site of 2.5 acres or more and outside of a community		
Curbside Rollout (95 gal)	Dumpster (2 CY) 41.5"	
<u>Ownership:</u> Sisseton-Wahpeton Oyate Office of Environmental Protection (OEP) will maintain ownership of the container. OEP reserves the right to deny a request for a container and repossess a container that is not used properly and/or causing a nuisance.		
Applicant agrees to:		
Maintain container without abuse or neglect and use it for his/her own household refuse.		
Legally dispose of household refuse via reputable pid landfill. Regularly empty the container when it is ful	ick-up service or by dumping full containers at a certifi Ill.	ed
Return container to OEP when applicant has become	ne ineligible or container is no longer needed.	
OEP is not responsible for refuse pick-up or disposal	l.	
Signature of Applicant	Date	

Please return application to SWO OEP at 45697 Veterans Memorial Dr., Agency Village, SD 57262 698-6576 Fax or email: swooep@swo-nsn.gov