RAY'S TRASH SERVICE, INC. Drawer I Clayton, IN 46118 317-539-2024 SERVICE AGREEMENT NON-HAZARDOUS WASTE

Account Number:													
	New Acc		Reinstate Custom	er		Oth	er Cha	nge					
	New Serv	ice Loc	ation			Change Service L	evel						
BILLING INFORMATION SERVICE LOCATION INFORMATION													
CUSTON	MER NAM	of White	estown	CUSTOMER NAME: Town of Whitestown									
STREET NUMBER: 6210						STREET NU	STREET NUMBER:				6210		
					rns Way			STREET NAME:			Veterns Way		
CITY:							CITY:		White			STATE: IN	
ZIP: 46075 Phone: 317-694-6791							ZIP:						
EMAIL:									<u>nm</u>			stown.in.gov	
CONTA	R OF INV	n Messer		CONTACT:	CONTACT: Nathan Messer NUMBER OF INVOICES REQUIRED:								
NOMBL				COUNTY: TOWNSHIP:									
Service Description													
Qty.	Cont. Size	Vol Code	Freq	Comp	On Call	Min. Haul Rate	Pickup/Rate	RO	FL	RL	HP	Monthly Equip. Charges	
		YD			see at	tached addendum	n for services &	pricing					
		YD											
		YD											
		YD											
	SERVICE							-	DEI	H (ED)			
OTHER CHANGES: DELIVERY DATE:													
SPECIAL INSTRUCTIONS:													
						TERMS ANI	O CONDITIONS						
out beruit. Tem. This similal term (the "hair" lerm) of this Agreement is three years from the date of Kay's Trah Service, Inc. 's equipment is delivered to Customer's location on													
to the electroni Date of A				Effective Serv	Effective Service Date: 4/1/2022								
The undersigned individual signing this Agreement on behalf of Customer acknowledges that he or she has read and understands the terms and conditions of this Agreement and that he or she has the authority to sign the Agreement on behalf of Customer.													
	IET 15 DAY	'S					CUSTOMER N	NAME:			Town	of Whitestown	
		, INC.		BY (SIGNATU	BY (SIGNATURE):								

PRINT NAME AND TITLE: