



Environmental Services

721 Main St N, Dept 391

Mantorville, MN 55955

507-635-6273

www.co.dodge.mn.us

Application and Agreement for Use of Self-Serve Waste Depot

Submit this application with initial purchase of at least five garbage bags available at the Dodge County Transfer Station, 62236 240th Avenue, Kasson, MN 55944. Phone: 507-634-7875.

(If mailing, please mail agreement with a check for bags to 721 Main St N, Dept 391, Mantorville, MN 55955)

Name of Account Holder (please print)

Address of Account Holder

Phone: E-mail:

Names of household members authorized by Account Holder to use the Account (all authorized users must be at least 18 years of age):

Facility User Agreement:

Account Number

Your Account authorizes you to enter the Self-Serve Waste Depot and dispose of your household garbage in accordance with the Rules Governing the Use of the Self-Serve Waste Depot (see link on website).

Dodge County may cancel your Account at any time by sending a written notice to the Account Holder at the mailing address or e-mail address listed on the Application. You may cancel your Account at any time by sending written notice to Dodge County Environmental Services or by sending an e-mail to: rita.cole@co.dodge.mn.us.

I certify that I have received and read the Rules Governing the Use of the Self-Serve Waste Depot (link on website). I, the undersigned, know that I am responsible for my Account and any person using my Account. I, the undersigned, do hereby agree that I will abide by the Rules Governing the Use of the Self-Serve Waste Depot and will be responsible for any damages to the Depot and equipment caused by my misuse, or misuse of others using my Account. I, the undersigned, both individually, and on behalf of others I authorize to use my Account, agree to defend and hold the County of Dodge and its officers, employees, and agents harmless and free from any liability of any nature, including, but not limited to, liability from damage or injury to any person or property, cost and attorney's fees, arising out of or in connection with the use of the Self-Serve Waste Depot.

Printed Name of Account Holder:

Signature of Account Holder: Date: _____

Authorization by Dodge County: Date: _____