



APPLICATION FOR BEAR-RESISTANT ROLL CART

2018 GRANT PROGRAM

CUSTOMER INFORMATION (Please Print Legibly)

Applicant Name	
Address Where Cart Will Be Located (Number and Street)	
Mailing Address, Number and Street (if Different From Above)	
City, Zip Code	
Home Phone Number	
Cell Phone Number	
Email Address	
Frequency of Bear Sightings	

I, the undersigned, agree that Highlands County does not provide any warranty, or guarantee of replacement or repair, of bear-resistant roll carts.

I agree to use the roll cart in accordance with applicable county ordinances and regulations, and realize that it is bear resistant, but not guaranteed to be bear proof.

I agree that any personal injury or damage to property due to the use of the roll cart is not the responsibility of Highlands County.

The roll cart is owned by Highlands County and licensed for use at the address provided above. I agree that the roll cart has been assigned to the address above and must remain at that address in the event I move to another residence. I understand that the fee I have paid for the service upgrade is non-refundable.

BY SIGNING THIS APPLICATION, I ACCEPT SOLE RESPONSIBILITY FOR THE USE OF THE BEAR-RESISTANT ROLL CART.

Signature:		Date:	
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Bear-resistant roll carts will be supplied to Highlands County Solid Waste customers, outside of City Limits, in a bear populated area on a first-come, first-served basis with full payment. **Supplies are limited and based on grant funding.** Upon receipt and approval of this completed application, an invoice for \$75.00 plus \$5.63 sales tax will be generated and mailed to the address provided above. You will have 30 days to make full payment. After the payment is received, you will be contacted to schedule the bear-resistant roll cart delivery.

MAIL COMPLETED APPLICATION TO:
Bear-Resistant Roll Cart Program
Highlands County Solid Waste
c/o Highlands County Engineering Department
505 S Commerce Avenue
Sebring, FL 33870

FOR HIGHLANDS COUNTY USE ONLY

Received by:		Date:	
Approved by:		Date:	
Payment Received by:		Date:	
Delivered by: Cart No.:		Date:	