


Office

Form # Rate Letter


Your Logo Here

Your Name
Director

Department
Location
City, State, Zipcode

July 1, 2023

(BILLING NAME)
(BILL NAME2)
(BILLING ADDRESS) (BILL ADD2)
(BILLING CITY) (BILLING STATE) (BILLING ZIP)

Service Location:
(SERVICE ADD NUM) (SERVICE ADDRESS) (SERVICE CITY) (SERVICE STATE)

Account Number: 2011- (ACCOUNT#)

Important Notice: Your garbage and recycling service fees are increasing.

Dear customer:

Due to the increased cost of doing business for garbage and recycling companies in Clackamas County, **fees to collect garbage and recycling are also increasing starting July 1, 2023.** Fees are increasing for several reasons including rising labor and disposal costs. The Board of approved this fee increase following the annual review of collection costs.

- Collection service for household garbage and recycling in your area will increase by about \$1.50 per month starting July 1, 2023.
- Collection service for businesses will increase by \$1.42 per yard per pickup.
For example, a 4-yard container picked up twice a week will increase by \$49.19 a month (calculation: \$1.42 x 4 yards x 2 collections per week x 4.33 weeks per month).

The program oversees garbage and recycling collection for unincorporated areas of the county including determining service options and collection fees. Find details about these fees and options for the size of your carts and containers at

Questions?
Call or email your garbage and recycling company or contact the


Sincerely,

Rural P. 000.000.000 P. 000.000.000 www.yoursite.com

A

Rate Increase Letter

Form # 124


Your Logo Here

LEAD FORM
FORMULARIO DE
CLIENTE POTENCIAL

*Date/Fecha: _____

*Reason For Lead/Razón para ser cliente potencial:

<input type="checkbox"/> New Customer/Competitor Nuevo Cliente/Competido	<input type="checkbox"/> Construction Project Proyecto de Construcción
<input type="checkbox"/> Vacant Building Construcción Vacante	<input type="checkbox"/> Increase in Service Mayoría en un servicio

*Employee Name/Nombre del Conductor: _____

*Employee ID/Identificación del Conductor: _____

*Company Name/Nombre de la Empresa: _____

*Address/Dirección: _____

*City, State, Zip/Ciudad, Estado, Código Postal: _____

*Phone Number/Número de Teléfono: _____

Business Type:
☐ Light ☐ Industrial ☐ Office ☐ Retail ☐ Restaurant ☐ Apartments ☐ Other

Business Type:
☐ Front Load ☐ Rear Load ☐ Recycle ☐ Roll Off ☐ Compactor ☐ Toter

Competitor Name: _____

of Containers: _____ Size of Containers: _____

Service Time (Ex., 5min, 6min, 10min): _____

Closest Account: _____ Account Number: _____

Comments/Comentarios: _____


B

Lead Form (Spanish)

Office

Form # 203

Request for Time Off

 Your Logo Here

Name _____ Date _____

Department _____ Status: ☐ Full-time ☐ Part-time

ID Number _____ Hire/Seniority Date _____

Supervisor's Name _____

Title _____

Requested Date(s) Off _____

Time of Departure _____

Time of Return _____

Reason for request _____

Signature of Employee _____

Time Off: ☐ Approved ☐ Denied

Request approved/denied by: _____

Title _____

Reason for approval or denial _____

For office use only.

☐ Paid absence ☐ Unpaid absence


if paid, deduct from: ☐ Personal ☐ Vacation ☐ Sick ☐ Other

☐ Excused ☐ Unexcused Previous Occurrences ☐ Yes ☐ No

Supervisor's signature _____ Title _____

donc@northstarforms.com (877) 499-0492 203.

Form # 275

 Your Logo Here

Service Proposal

Customer Name: _____

Customer Address: _____

City: _____ Zip: _____

Attention: _____ Phone: _____

E-mail: _____

FRONT LOAD TRASH DUMPSTER

Frequency of Service:

size:	Quantity:	EOW:	1X Week:	2X Week:	3X Week:	4X Week:	5X Week:	SubTotal:
2 YARD:								
4 YARD:								
6 YARD:								
8 YARD:								

recycling service: _____ SubTotal: _____

Cardboard: _____

96 Gallon: _____

Monthly Total: _____

ROLLOFF DUMPSTER

size:	Quantity:	Delivery:	Haul:	Landfill per Ton:	Monthly rental:
20 YARD:					
30 YARD:					
40 YARD:					


Notes: _____

Sales Representative: _____


E-mail: _____

Phone: _____


This Quote is valid for 30 days from: _____




2 Cubic Yard
W-72" L-40" H-38"



6 Cubic Yard
W-72" L-66" H-62"



20 Cubic Yard
L-22' x W-8' x H-4'



40 Cubic Yard
L-22' x W-8' x H-8"

4 Cubic Yard
W-72" L-54" H-52"

8 Cubic Yard
W-72" L-71" H-74"

30 Cubic Yard
L-22' x W-8' x H-6'

Form #275
www.northstarforms.com

C

Time Off Request

D

Service Proposal

Office


Form # 301

www.northstarforms.com
Form #301

PINK - BOOK COPY

CANARY - CUSTOMER ACCOUNTING

WHITE - CUSTOMER RECEIPT

 **Your Logo Here** DATE _____

ACCOUNT NAME _____ ACCOUNT # _____


ACCOUNT ADDRESS _____ AMOUNT PAID _____

BALANCE _____

☐ Cash ☐ Check # _____ ☐ Money Order

☐ Credit Card ☐ Drop ☐ _____

☐ Restart _____ BY: _____

 **Your Logo Here** DATE _____

ACCOUNT NAME _____ ACCOUNT # _____


ACCOUNT ADDRESS _____ AMOUNT PAID _____

BALANCE _____

☐ Cash ☐ Check # _____ ☐ Money Order

☐ Credit Card ☐ Drop ☐ _____

☐ Restart _____ BY: _____

 **Your Logo Here** DATE _____

ACCOUNT NAME _____ ACCOUNT # _____


ACCOUNT ADDRESS _____ AMOUNT PAID _____

BALANCE _____

☐ Cash ☐ Check # _____ ☐ Money Order

☐ Credit Card ☐ Drop ☐ _____

☐ Restart _____ BY: _____

 **Your Logo Here** DATE _____

ACCOUNT NAME _____ ACCOUNT # _____

ACCOUNT ADDRESS _____ AMOUNT PAID _____

BALANCE _____

☐ Cash ☐ Check # _____ ☐ Money Order

☐ Credit Card ☐ Drop ☐ _____

☐ Restart _____ BY: _____

E

Receipts


Form # 306

www.northstarforms.com
Form #306

PINK - BOOK COPY

CANARY - CUSTOMER ACCOUNTING

WHITE - CUSTOMER RECEIPT

 **Your Logo Here** **PURCHASE ORDER**

COMPANY NAME _____

Address _____

City, State, Zipcode _____

Phone (000) 000-0000 _____

PURCHASE ORDER

2012 -

This NUMBER MUST APPEAR on INVOICE and ALL Shipping Papers

TO: _____

SHIP TO ABOVE UNLESS OTHERWISE NOTED HERE

DATE	ORDER PHONED TO	DATE REQUIRED	FOR	SHIP VIA		
ITEM	PART NO.	QUAN. ORDER	QUAN. REC'D	DESCRIPTION	UNIT PRICE	PRICE EXTENDED
1						
2						
3						
4						
5						
6						
7						
8						
9						
INVOICE #					TOTAL	

LOBS

000 - General

100 - Roll Off

200 - Residential

210 - Recycling

300 - Commercial

800 - Sanitation

12002 - Bulk Fuel

51175 - Equip/Vehical Rental

51295 - Licenses

52045 - Contract Labor

52086 - Safety and Training

52087 - Drug Screening

52090 - Uniforms

52120 - Parts and Materials

52125 - Operating Supplies

52135 - Equip & Maint Rep

52140 - Tires

52142 - Fuel Expense

52146 - Oil and Grease

52147 - Outside Repairs

52182 - Towing

52185 - Lodging

55125 - Container Oper Supp

55135 - Container Repairs

57125 - Sanitation Supplies

57147 - Bldg & Property

57357 - Permits

70095 - Empl & Commun Activ

70110 - Contributions

70150 - Utilities

70165 - Communications Office

70185 - Postage

70195 - Dues and Subscriptions

70201 - Entertainment

70203 - Travel

70206 - Meals

70209 - Photo Supplies

70210 - Office Supplies and Equip

70336 - Coffee Bar

70345 - Security

I certify that this purchase is of reasonable price and quality.

BUYER _____

I certify that this purchase was received and checked in as ordered.

RECEIVER _____ DATE _____

APPROVED: _____


DISTRICT MANAGER _____ DATE _____

F

Purchase Order

Office

Form # 307



Your Logo Here
ADDRESS
CITY, STATE, ZIP CODE
PHONE (000) 000-0000

Customer's Name _____
Customer's Billing Address _____ Phone _____
Customer's Service Address _____
Customer's Service Contact _____ Phone _____

SERVICE AGREEMENT

ORDER NO. _____
Prepared By: _____
Approved By: _____
Customer Number _____

NEW ACCOUNT ☐
CHANGE ☐
TEMPORARY ☐
RENEWAL ☐

CONTAINER SPECIFICATIONS

QUANTITY	CAPACITY (Cubic Yards)	TYPE OF CONTAINER				
		OPEN	CLOSED	LIDS	DOCK	OTHER

Roll-Off Container Service Hours - Mon.-Fri. 6AM-3PM
LIQUIDATED DAMAGES
The parties acknowledge that the damages which Contractor will incur in the event of a breach by Customer are difficult to ascertain. The parties further acknowledge that Contractor is not expected to guarantee the gross income of Contractor which would otherwise accrue under this Service Agreement. The parties therefore agree that, should Customer breach this Service Agreement, Contractor's liability is limited to, _____% of the Service Charge Per Month or of the Service Charge Per Load, whichever is applicable, for each month, or portion thereof, the breach continues, up to and including the number of months remaining in the Initial Term and the Renewal Term of this Service Agreement or the remainder of any Subsequent Renewal Term if applicable.

SCHEDULE OF CHARGES

(COMPLETE APPLICABLE ITEMS)

Service Charge Per Month \$ _____
Service Charge Per Load \$ _____
Dumping Charge \$ _____
Extra Charge Over Base or Extra Pickup \$ _____
Service Charge Per _____ \$ _____
(Yard, Cans, Drums, etc.)
\$ _____
\$ _____
Equipment Delivery Date _____
Beginning Date of Monthly Charges _____

CUSTOMER

Idaho Corporation _____
Idaho Partnership _____
A Sole Proprietorship _____ Other _____
Authorized Signature _____
Name (Please Print) _____
Title _____
Date _____
The Terms and Conditions on Reverse Side Are Expressly Incorporated.

CONTRACTOR

An Idaho Corporation _____
Representative's Signature _____
Name (Please Print) _____
Representative's Title _____
Date _____


FOR OFFICIAL USE ONLY

	MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
NEW								
ROUTE								

Frequency of Service _____ Days Per Week
On Call _____
Initial Term Three Years
www.northstarforms.com

MISC. SPECIAL INSTRUCTIONS / DESCRIPTION OF EQUIPMENT, ETC.

4 - 8 - 7
Form # 307




Your Logo Here

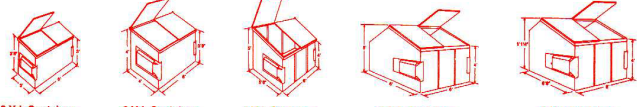
Phone: _____ Fax: _____
We are pleased to offer the following proposal covering highly efficient waste collection and disposal systems:

SERVICE PROPOSAL


NAME _____
COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____




FRONT-LOAD CONTAINER SYSTEM
FRONT-LOAD CONTAINER(S) _____ cu. yd., furnished and well-maintained by _____ emptied _____ times per week at \$ _____ per month.



REAR-LOAD CONTAINER SYSTEM
by _____ REAR-LOAD CONTAINER(S) _____ cu. yd., furnished and well-maintained emptied _____ times per week at \$ _____ per month.



ROLL-OFF CONTAINER SYSTEM
_____ will place and maintain _____ cu. yd., Roll-off container(s) delivery charge \$ _____ rental \$ _____ per haul.



ROLL-OFF CONTAINER SYSTEM
20 Yd. 30 Yd. 40 Yd.

All prices are valid for thirty days.

By _____ Sales Representative

307: _____ WHITE COPY - Customer YELLOW COPY - Sales Manager PINK COPY - Sales Representative NORTH STAR FORMS (877) 499-0492

G


Service Agreement

H

Service Proposal

Office

Form # 307


Your Logo Here

SERVICE PROPOSAL

We are pleased to offer the following proposal for all of your waste needs.

DATE

NAME

COMPANY







ADDRESS

CITY STATE ZIP

PHONE


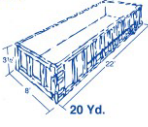
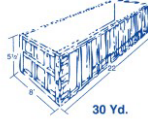
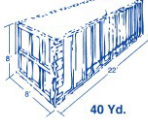
FRONT-LOAD CONTAINER SYSTEM

_____ FRONT-LOAD CONTAINER(S) _____ cu.yd., furnished and well maintained by _____, emptied _____ times per week at \$ _____ per month.

ROLL-OFF CONTAINER SYSTEM

_____ will place and maintain _____ cu. yd. Roll-off container(s) \$ _____ delivery charge \$ _____ rental \$ _____ per haul







All prices are valid for thirty days.

By _____

I Service Proposal

Form # 320


Your Logo Here

Request For Time Off

Employee Name: _____ District: _____

Vacation 1

From: _____ Thru: _____ Total Hrs: _____

Vacation 2

From: _____ Thru: _____ Total Hrs: _____

Vacation 3

From: _____ Thru: _____ Total Hrs: _____

Vacation 4

From: _____ Thru: _____ Total Hrs: _____

Float Day

From: _____ Thru: _____ Total Hrs: _____

Leave of Absence

From: _____ Thru: _____ Total Hrs: _____

Bereavement

From: _____ Thru: _____ Total Hrs: _____

Jury Duty

From: _____ Thru: _____ Total Hrs: _____

Military Duty

From: _____ Thru: _____ Total Hrs: _____

Other

From: _____ Thru: _____ Total Hrs: _____

Comments:

Employee Signature: _____

Date: _____

Approved: _____

Date: _____

Not Approved: _____

Date: _____

DO NOT WRITE


OPERATIONS COPY

FORM#320-1

J Request for Time Off (Triplicate)

Office

Form # 3050



Your Logo Here

SAFETY HAZARD REPORT
_____ District

Name of Observer _____ Date _____ Time _____

Received by Supervisor _____ Date _____ Time _____

Reported to: _____ (Print Supervisor Name)

HAZARD OBSERVED: _____

SUPERVISOR RESPONSE: (Must respond within 24 hours - in writing - include target completion date)
(TURN IN TO SAFETY COMMITTEE CHAIRPERSON WHEN THIS SECTION IS COMPLETED BY SUPERVISOR)

TARGET COMPLETION DATE: _____

HAZARD CORRECTED ON: _____ (Date)

SIGNATURES: Supervisor: _____

Observer: _____

Safety Committee Chairman: _____

donco@northstarforms.com (877) 499-0492

FORM # 3050.

K

Safety Hazard Report

Form # Name Plates

DONALD COATES

DONALD COATES
OPERATIONS

L

Name Plates