

Tariff No. 1 3 Revised Page No. 21

Company Name/Permit Number: American Disposal Co Inc G-87
Registered Trade Name(s) Vashon Disposal
Item 100 -- Residential Service -- Monthly Rates (continued on next page)

Rates in this item apply:

(1) To solid waste collection, curbside recycling (where noted) and yardwaste services (where noted) for residential property. This includes single family dwellings, duplexes, apartments, mobile homes, condominiums, etc., where service is billed directly to the occupant of each residential unit, and/or

(2) When required by a local government service level ordinance, solid waste collection, curbside recycling, and yardwaste service must be provided for single-family dwellings, duplexes, mobile homes, condominiums, and apartment buildings of less than _____ residential units, where service is billed to the property owner or manager.

Rates below apply in the following service area:

Number of Units or Type of Containers	Frequency of Service	Garbage Service Rate		Recycle Service Rate		Yardwaste Service Rate	Number of Units or Type of Containers	Frequency of Service	Garbage Service Rate	Recycle Service Rate	Yardwaste Service Rate
1	MG	\$ 5.63	(A)								
1	EOWG	\$ 13.96	(A)								
Mini-can	WG	\$ 12.49	(A)								
1	WG	\$ 17.64	(A)								
2	WG	\$ 24.65	(A)								
3	WG	\$ 33.23	(A)								
4	WG	\$ 41.59	(A)								
	EOWR, with garbage			\$ 9.74							
	EOWR, without garbage			\$ 11.24							

Frequency of Service Codes: WG=Weekly Garbage; EOWG=Every Other Week Garbage; MG=Monthly Garbage; WR=Weekly Recycling
EOWR=Every Other Week Recycling; MR=Monthly Recycling; List others used by company:

Note 1: Description/rules related to recycling program are shown on page 23.
Note 2: Description/rules related to yardwaste program are shown on page _____.
Note 3: In addition to the recycling rates shown above, a recycling debit/credit of \$ _____ applies.

Recycling service rates on this page expire on: _____

Issued By: Heather Garland
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(For Official Use Only)

Docket No. TG-_____ Date: _____ By: _____