

Public Use Trailer Policy & Application

Trailer is for household waste only:

Example – trash, washer/dryer, beds, mattresses, dishwasher, fridge, and metals

No Hazardous Waste will be accepted.

Trailer can only be kept for a maximum of one (1) week per residence. After one load has been taken to Rolling Meadows another request form and fee must be filed with the PBPB Division of Planning & Environmental Protection to be put back on the waiting list.

Reduced Rate Requirements – Must meet all four requirements

1. Must reside on the Reservation
2. Must be listed head of household/owner of home
3. Must be 62 + years of age
4. Tribal member of PBPB

A one- time fee exemption will be allowed per application annually for Reduced Rate.

If you do not meet the above requirements, then a fee for public use trailer service requested will be as follows:

- \$80.00 fee to be paid for 1 load – Must be paid at time of request to be put on waiting list. The \$80.00 fee will be applied towards the dump fee to empty trailer at Rolling Meadows. RDF – Waste Management 7351 NW Hwy 75, Topeka, KS 66618, and for transportation fee.

Payment:

Payment due at time of request.

Cancellation:

Cancellation and fee refund will only be refunded if applicant is still on the waiting list.

PRAIRIE BAND POTAWATOMI NATION
DIVISION OF PLANNING AND ENVIRONMENTAL PROTECTION
15498 K ROAD
MAYETTA, KS 66509

PHONE (785) 966-2946
FAX (785) 966-2947

APPLICATION FOR PUBLIC USE TRAILER

Applicant Name: _____ Date: _____

Applicant Address: _____

Phone: _____ Alt. Phone: _____ Year of Birth Only: _____

Location of where trailer will be placed: _____

Applicant Signature: _____

Payment Required: \$80.00 Fee

- Payment due at time of request in order to be put on public use trailer waiting list.
- For Potawatomi Reservation residents use only.

Reduced Rate Section – (Reduced rate guidelines listed on policy)

Are you applying for Reduced Rate? Yes ___ No ___

Applicant is a PBPN Enrolled Member: Yes ___ No ___ Affiliation ___

If you check yes, please provide enrollment #: _____

If you checked no, please check affiliation: Spouse ___ Parent ___ Child ___ Widow ___

Payment Plan Needed: (emergency only) Yes ___ No ___

Explain Emergency: _____

Payment Plan Signature: _____

For Office Use Only:

Application Received: _____ Eligible for reduced rate: Y / N Payment type: _____

Date payment received: _____ Staff Signature: _____ Date: _____

Date Trailer Dropped Off: _____ Date Trailer Picked Up: _____

Date trailer was hauled to Rolling Meadows: _____ Ticket #: _____

Pounds dumped: _____ Cost: _____

Staff Signature: _____ Date: _____