



# RESOLUTION NO. \_\_\_\_\_

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

### SIERRA DISPOSAL SERVICES SCHEDULE OF RATES

WHEREAS, a public hearing was held on May 8, 2007 for the purpose of implementing a 10.74% solid waste collection rate increase within franchise area No. 7.

NOW, THEREFORE, be it resolved that effective July 1, 2007, the following rates are adjusted for the collection of solid waste within the Sierra Disposal Services franchise area:

<b>RESIDENTIAL</b>		Current Rate	New Rate
<b>House Service</b>			
1 (32-gallon)	Monthly	22.64	25.07
2 (32-gallon)	Monthly	30.23	33.48
3 (32-gallon)	Monthly	33.07	36.62
4 (32-gallon)	Monthly	37.80	41.86
1 (45-gallon)	Monthly	26.36	29.19
2 (45-gallon)	Monthly	31.61	35.00
3 (45-gallon)	Monthly	36.87	40.83
<b>Road Service</b>			
1 (32-gallon)	Monthly	16.63	18.42
2 (32-gallon)	Monthly	23.76	26.31
3 (32-gallon)	Monthly	26.99	29.89
4 (32-gallon)	Monthly	31.73	35.14
5 (32-gallon)	Monthly	36.41	40.32
6 (32-gallon)	Monthly	41.09	45.50
7 (32-gallon)	Monthly	45.85	50.77
8 (32-gallon)	Monthly	49.02	54.28
1 (45-gallon)	Monthly	20.17	22.34
2 (45-gallon)	Monthly	25.42	28.15
3 (45-gallon)	Monthly	30.60	33.89
4 (45-gallon)	Monthly	35.79	39.63
<b>Other Services</b>			
Extra can (32 or 45-gal)	Per pickup	4.68	5.18
On-call (seasonal 32 or 45-gal)	Per pickup	4.68	5.18
Voucher (32 or 45-gallon)	Per voucher	4.68	5.18

# COMMERCIAL

## Cans

32-gal can/bag	Per pickup	5.26	5.82
Extra 32-gal can/bag	Per pickup	5.26	5.82
45-gal can	Per pickup	6.69	7.41
Extra 45-gal can	Per pickup	6.69	7.41

## Per Cubic Yd

1-yd	Per pickup	18.25	20.21
Extra yard	Per pickup	18.25	20.21
Compacted rate per yd	Per pickup	44.87	49.69

## Drop Boxes

6-yd area 1	Per pickup	200.14	221.64
6-yd area 2	Per pickup	174.82	193.60
6-yd area 3	Per pickup	152.98	169.41
20-yd	Per pickup	386.47	427.98
30-yd	Per pickup	576.26	638.15
30-yd Special Project Recycling * New Service	Per pickup		400.00

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by the following vote of said Board:

Ayes:

**ATTEST**

**CINDY KECK**

Clerk of the Board of Supervisors

Noes:

Absent:

By \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Chair, Board of Supervisors

**I CERTIFY THAT:**

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

**DATE** \_\_\_\_\_

**ATTEST** :CINDY KECK, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By \_\_\_\_\_  
Deputy Clerk