



RESOLUTION NO. _____

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO AMADOR DISPOSAL SERVICE INC. SCHEDULE OF RATES

WHEREAS, a public hearing was held on June 15, 2010 for the purpose of adjusting solid waste collections rates in Franchise Area #6, which generally refers to the southwestern portion of the County, by 15% increase;

NOW, THEREFORE, BE IT RESOLVED that the following rates are established for the collection of solid waste in the above area effective July 1, 2010:

Service	Rates as of July 1, 2009
Residential	
32 gal	\$15.74
45 gal	\$18.91
(2) 32 gal	\$23.28
96 gal	\$28.61
Additional 45 gal	\$7.53
Commercial	
1 Yard	\$60.39
1.5 Yard	\$90.61
2 Yard	\$120.83
6 Yard	\$181.24
Roll Off Boxes	
6 yd	\$232.82
10 yd	\$306.67
20 yd	\$369.27
30 yd	\$544.49

Service	Rates effective July 1, 2010
Residential	
32 gal	\$18.10
45 gal	\$21.75
(2) 32 gal	\$26.77
96 gal	\$32.90
Additional 45 gal	\$8.66
Commercial	
1 Yard	\$69.45
1.5 Yard	\$104.20
2 Yard	\$138.95
6 Yard	\$208.43
Roll Off Boxes	
6 yd	\$267.74
10 yd	\$352.67
20 yd	\$424.66
30 yd	\$626.16

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

Suzanne Allen de Sanchez
Clerk of the Board of Supervisors

Noes:
Absent:

By _____
Deputy Clerk

Chairperson, Board of Supervisors

I CERTIFY THAT:

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

DATE _____

ATTEST : Suzanne Allen de Sanchez, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By _____
Deputy Clerk