

SINGLE FAMILY REFUSE (Bill Code Type: 11)

SERVICE LEVEL	PLAN CODE	PRICE/Month	PRICE/Quarter
20 GAL	11	\$16.00	\$48.00 3.69/wk
35 GAL	12	\$22.75	\$68.25 5.25/wk
35 GAL 1 PER MNTH	16	\$4.00	\$12.00 1.23/wk
64 GAL	13	\$32.00	\$96.00 7.38/wk
96 GAL	14	\$43.00	\$129.00 9.92/wk
160 GAL	15	\$56.00	\$168.00