



Bear-Resistant Cart Request Form

Name: _____ Telephone: (____) _____

Account #: _____

Address: _____

Email Address: _____

Please attach the following:

- Documentation of (3) reported bear events submitted to and approved by the Town of Christiansburg Public Works Department.

By signing this request form, I agree to the following:

- The bear-resistant cart is property of the Town of Christiansburg.
- Any damage that occurs to assigned bear-resistant carts must be reported to the Town of Christiansburg within five business days.
- The bear-resistant cart is assigned to the address above by serial number and must remain at the assigned address under this agreement. If the approved applicant relocates, the bear-resistant cart must be returned to the Town of Christiansburg.
- Use of the bear-resistant cart must be used in accordance with applicable Town ordinances, regulations, and bear-resistant program requirements.
- The bear-resistant cart must be used for Solid Waste purposes only.
- Bear-resistant carts do not imply that the carts are bear proof. The Town of Christiansburg does not provide any warranty or guarantee of replacement or repair of bear-resistant carts.
- Any personal injury or damage to property due to the use of the cart is not the responsibility of the Town of Christiansburg.

BY SIGNING THIS APPLICATION, I ACCEPT SOLE RESPONSIBILITY FOR THE USE OF THE BEAR-RESISTANT SOLID WASTE CART AND I AGREE WITH THE TERMS OUTLINED IN THE TOWN OF CHRISTIANSBURG BEAR-RESISTANT SOLID WASTE CART PROGRAM. IN ADDITION, I AGREE THAT THE TOWN OF CHRISTIANSBURG RESERVES THE RIGHT TO CANCEL THE USE OF BEAR-RESISTANT CARTS AT ITS OWN DISCRETION.

Applicant Signature: _____ Date: _____

Once this form is submitted and processed, Town staff will contact you to coordinate delivery if approved. If you have any questions, please call (540) 382-1151 ext. 6014.

FOR OFFICE USE ONLY

Approval date: _____

Denial date: _____

Comments: _____

Approver Signature: _____