

PRAIRIE BAND POTAWATOMI NATION
DIVISION OF PLANNING AND ENVIRONMENTAL PROTECTION
15434 K ROAD
MAYETTA, KS 66509

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

Request for Assistance Policy

All requests for assistance to remove residential household waste are to be made through the PBPN Division of Planning & Environmental Protection and will only serve residents of the Potawatomi Reservation.

Only household material will be accepted (Example- furniture, appliances, electronics, construction materials)

Tires are not accepted in Request for Assistance Policy application. Tire Disposal Form is required.

Reduced Rate Requirements – Must meet all three requirements:

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

If you do not meet the above requirements, then the following policies apply:

- \$20.00 payment for one small truck load – Must be paid at time of request to be put on the waiting list
 - After one load has been disposed another request from and deposit must be filed with the PBPN Division of Planning & Environmental Protection to be put back on waiting list for additional load
 - **STAFF RESERVES THE RIGHT TO ASSESS THE LOAD AND RE-EVALUATE THE COST FOR SERVICE**

Exemptions: There will be no charge to remove brush or vegetative materials

Payment is due at time of request. No refund will be issued once items have been removed.

Cancellation and deposit will only be refunded if applicant is still on the waiting list

Applicant Name: _____ Date: _____
Applicant Address: _____
Phone: _____ Location and Type of Material: _____
Applicant Signature: _____
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 ___
For Office Use Only:
Application Received: _____ Eligible for reduced rate: Y / N Payment type: _____
Type of Material/Quantity _____
Staff Signature: _____ Date: _____

