

CITY OF ANDREWS

111 LOGSDON
ANDREWS, TEXAS 79714
(432) 523-4820

LANDFILL CHARGE ACCOUNT APPLICATION

Deposit: \$100.00

Out of Town Businesses and Roofers: \$500.00

NAME: _____

ADDRESS: _____

BILLING ADDRESS: _____

TELEPHONE NO.: _____

PRIMARY MATERIAL TO BE DUMPED: Household Garbage _____ Construction Debris _____
(General) (Concrete/Wood)

Haz-Mat/Contaminated _____
(Must have Manifest) Brush _____ Metal _____
(Stumps, Limbs, etc.) (Non-Contaminated)

TIRES ARE BILLED SEPARATELY ACCORDING TO SIZE.

BUSINESS NAME: _____

FEDERAL TAX ID #: _____ STATE SALES TAX #: _____

HAULING VEHICLE: MAKE: _____ STATE: _____

LICENSE PLATE NO.: _____

DRIVER'S LICENSE NO.: _____ STATE: _____

I request that I be billed monthly for landfill use charges. I understand that my deposit is refundable after my billing account is **paid and closed**.

PAYMENT FOR LANDFILL CHARGES MUST BE RECEIVED BY THE 10TH OF THE MONTH OR LANDFILL PRIVILEGES WILL BE SUSPENDED.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE:

DEPOSIT RECEIVED ON: _____ AMOUNT: _____