

BARTOW COUNTY
DEPARTMENT OF SOLID WASTE

G. Ripley Conner, Director

40 Altoona Dam Road
135 W. Cherokee Avenue
Cartersville, GA 30120
770-387-5145

Acct # _____

.....
LANDFILL INFORMATION SHEET (please print!!)

DATE _____ TELEPHONE (work) _____ (home) _____

CONTACT NAME _____

NAME OF BUSINESS _____

MAILING ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

_____ INDIVIDUALLY OWNED _____ PARTNERSHIP _____ CORPORATION

EMPLOYER'S ID NO. _____ SSN _____

BARTOW COUNTY BUSINESS LICENSE NO. _____

OTHER BUSINESS LICENSE NO. _____

NATURE OF BUSINESS _____

PLEASE LIST COMMODITIES TO BE DISPOSED OF AT BARTOW COUNTY LANDFILLS

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CREDIT REFERENCES :

1) NAME _____ ADDRESS _____

PHONE NO. _____ HIGHEST AMOUNT OWED _____

1) NAME _____ ADDRESS _____

PHONE NO. _____ HIGHEST AMOUNT OWED _____

- * I HEREBY ACKNOWLEDGE THAT ONLY NON-HAZARDOUS COMMODITIES GENERATED EXCLUSIVELY IN BARTOW COUNTY ARE DISPOSED OF IN SAID LANDFILLS.
- * I FURTHER ACKNOWLEDGE THAT ALL CHARGES INCURRED SHALL BE PAID WHEN DUE AND FAILURE TO TIMELY PAY ALL OUTSTANDING CHARGES WILL RESULT IN THE PROHIBITION OF DISPOSING IN SAID LANDFILLS UNTIL SUCH CHARGES ARE PAID. IN ADDITION, I FURTHER ACKNOWLEDGE THAT I WILL BE RESPONSIBLE FOR CHARGES INCURRED IN THE COLLECTION OF TIPPING FEES AND/OR LATE CHARGES.
- * I AGREE TO BE BOUND BY ALL RULES AND REGULATION GOVERNING THE OPERATION OF THE LANDFILL WHICH FROM TIME TO TIME MAY BE PROMULGATED.

SIGNATURE _____ DATE _____

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DEPARTMENT OF SOLID WASTE

G. Ripley Conner, Director

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I hereby authorize the following person or persons to charge to my account at the Bartow County Landfill located at 40 Allatoona Dam Road, Cartersville, GA. I understand that with my signature I am assuming financial responsibility for the Landfill charges generated by the persons named below:

NAMES OF THOSE PERSONS AUTHORIZED TO CHARGE

SIGNATURE _____

DATE _____