Solid Waste Account—Instruction Sheet

This packet contains:

1. Application-Terms and Conditions Agreement-Authorization form—Forms must be filled out completely and original needs to be sent Bartow County Information Services (IS) located at 112 West Cherokee Ave, Ste. 300. Cartersville, GA, along with a copy of the business owner’s driver’s license, business license and Corporation or D/B/A paperwork. Please include the address or parcel # of the location where your company will be working.

2. A copy of the Bartow County Solid Waste Collection and Disposal Ordinance.
   Please signed & date acknowledging you received a copy containing 22 pages. (on website or I will email it)

   ___________________________  ___________________________
   Signature                    Date

3. A copy of the Bartow County Environmental Compliance Ordinance w. amendment.
   Please signed & date acknowledging you received a copy containing 9 pages. (on website or I will email it)

   ___________________________  ___________________________
   Signature                    Date

4. A copy of an updated Policies and Procedures form included in this packet also needs to be signed and dated and returned to Solid Waste Billing Dept. (Included in this packet)

5. *Our office must be notified of any changes to your company for example: phone number changes, business moves, transfers to another person or company*

*Please be aware that our landfill is for materials from homes or properties inside of Bartow County only. We do not accept out of county commercial or residential garbage, trash, waste or refuse of any kind.

We can accept a copy of the paperwork with the name, date and location of the job. (Please list the job information) __________________________________________

You may E-Mail or Fax these forms back in order for us to start the procedure of setting up your account. We need the originals to put in your file.

My direct # 770-387-5010   dicksonad@bartowga.org
LANDFILL INFORMATION SHEET (PLEASE PRINT)

Date________________________

Work Phone#_______________________ Cell#__________________________ Home#_____________________

Business Owner(s) Name:________________________________________

Contact Person_________________________________________ Title:____________________________

Email:________________________________________________________ Email:____________________________

Business Name:________________________________________________

____Individually Owned _______Partnership _______Corporation

Business Mailing Address:__________________________________________

City______________________ State_______ Zip___________

Business Street Address:__________________________________________

City______________________ State_______ Zip___________

Employer’s ID #:____________________ Business License #:________________________ & County __________________

Nature of Business:________________________________________________

_________________________________________________________________________________________

Please list Commodities to be disposed of at the Bartow County Landfills:______________________________

_________________________________________________________________________________________

Please list the address or Parcel # of the impending job:__________________________________________

Credit Limit Request $____________________

Average Credit per Month $____________________
DEPARTMENT OF SOLID WASTE
112 W. Cherokee Ave. Ste 300
Cartersville, GA 30120
770-387-5015

Credit Information
Please Print Clearly

Consent

I ___________________________ with ___________________________ give consent
Owner or other Authorized Personnel’s name (Printed)    Company Name
for ___________________________ to release the information requested from Bartow Co. Information Services.
Finance Co/Lender Name

Owner or other Authorized Personnel’s Signature    Title    Date

TO: ___________________________________________    ____________________________
Finance Co/Lender Business Name    Contact Person

Phone#: ___________________________ Fax#: ___________________________ Email: ___________________________

You were listed as a credit reference. Please provide the follow information. We cannot extend a
credit line without references, so your prompt attention is greatly appreciated.

Date Established: ___________________________

Credit Limit: $ ___________________________
Terms: ___________________________

Pay within terms: Yes ________ No ________

Is account in good standing: Yes ________ No ________

Comments: ___________________________________________

__________________________________________    ____________________________
Signature    Title

PLEASE PRINT NAME
Credit Information
Please Print Clearly

Consent

I ___________________________________________________________ with ______________________________ give consent
Owner or other Authorized Personnel's name (Printed) Company Name

for ____________________________________________________ to release the information requested from Bartow Co. Information Services.
Finance Co/Lender Name

Owner or other Authorized Personnel's Signature __________________________________________ Title __________ Date __________

TO: ______________________________________________________
Finance Co/Lender Business Name (Print) Contact Person

Phone#: __________________ Fax#: __________________ Email: __________________

________________________________________________________

You were listed as a credit reference. Please provide the follow information. We cannot extend a credit line without references, so your prompt attention is greatly appreciated.

Date Established: ______________

Credit Limit: $ ______________ Terms: ______________________________

Pay within terms: Yes ______ No ______

Is account in good standing: Yes ______ No ______

Comments: __________________________________________________

________________________________________________________

Signature ___________________________ Title ___________________________

Please Print Name
Please read the following and sign below stating you agree to all terms and conditions with Bartow County Ordinance regarding Solid Waste (Ord. No. 99-5, §703, 7-14-1999).

Sec. 62-153. – Accounts.

A) A collector may establish a revolving account with the county for the disposal of waste allowed under this article. Charges for disposal of waste by the collector shall be posted only to the account established by the collector. A credit limit will be determined for each account. An account that has reached its credit limit will be permitted to continue bringing waste for disposal, but only on a cash basis until the balance is reduced below the credit limit.

B) All accounts shall be due in full within 25 days of receipt of a billing statement from the county. Interest, at the rate of 2 percent per month, shall be assessed against the unpaid balance of any account not paid in full within 30 days of the due date.

C) If an account remains in arrears for 60 days after the due date, the collector’s permit to dispose of solid waste shall be suspended until the account is brought current.

D) If an account in arrears more than 60 days twice, the collector’s permit shall be suspended until the collector brings the account current and pays a reinstatement fee of $100.00

E) If an account is in arrears more than 60 on a third or any subsequent time, the collector’s permit shall be suspended until the collector brings the account current and pays a reinstatement fee of $200.00

F) Upon request, the county solid waste management department shall furnish copies of a collector’s charge tickets to the collector, without charge, one time per calendar year. For each subsequent request in a calendar year, the collector shall pay a fee as set forth in the schedule of fees and charges on file in the office of the county clerk for each copy, plus the hourly rate of the lowest paid employee in the billing office department capable of fulfilling the request for the time spend complying with the request, excluding the first 15 minutes. The fees incurred shall be paid before receiving the requested documents.

- I HEREBY ACKNOWLEDGE THAT ONLY NON-HAZARDOUS COMMODITIES GENERATED EXCLUSIVELY IN BARTOW COUNTY ARE DISPOSTED 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.

I Agree to all terms and conditions listed above,

SIGNATURE ___________________________ Date __________________

I Do Not agree to all terms and conditions listed above,

Signature ___________________________ Date __________________
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 person(s) named below:

**NAMES OF THOSE PERSONS AUTHORIZED TO CHARGE**

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

______________________________  ________________________________
SIGNATURE                      DATE