

**ESCAMBIA COUNTY
DEPARTMENT OF SOLID WASTE MANAGEMENT
PAYMENT ACCOUNT**

DATE: _____ **ACCOUNT NO:** _____

Account Name: _____

Federal Employer Identification Number (FEIN): _____

Escambia County Solid Waste Management Permit No.: _____

Owner/President: _____

Street Address: _____

City/State/Zip: _____ **Phone with area code:** _____

Mailing Address: _____

Contact Person: _____ **Phone with area code:** _____

<u>VEHICLE NUMBER</u>	<u>CY CAPACITY</u>	<u>TYPE OF VEHICLE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

My account will be charged the appropriate rate as approved by the Board of County Commissioners.

Type of material disposing: _____

Number of loads estimated on a monthly basis: _____

Estimated tonnage for one month: _____

Method of security deposit: _____

FOR DEPARTMENT OF SOLID WASTE MANAGEMENT'S USE ONLY

Estimated tonnage for two months: _____

Amount of security deposit required: _____

Accounting Supervisor: _____ **Date:** _____

Application approved by: _____ **Date:** _____
Signature
Department Director