

**HANOVER COUNTY
PUBLIC WORKS DEPARTMENT
SOLID WASTE DISPOSAL SERVICES
P.O. BOX 470
HANOVER, VA 23069
(804) 365-6181**



**APPLICATION AND AGREEMENT FOR SOLID WASTE DISPOSAL CHARGE ACCOUNT
COMPLETE EVERY ITEM – PRINT OR TYPE**

1. Name of individual or official name of firm: _____

2. If Business,
Type of Business _____
Tax ID# _____

<p><i>Nature of entity:</i></p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> General Partnership</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Sole Proprietorship/Individual</p> <p>State of Incorporation or Organization of Entity: _____</p> <p>_____</p>
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3. If Individual, Drivers License Identification
Number _____

4. Addresses: Mailing: _____
Street/Physical: _____

5. Telephone # _____ Fax # _____
Accounts Payable Contact _____ E-mail Address _____

6. If Business, Name of owner or authorized official responsible for payment:
Name _____ Title _____

7. Bank Reference, with phone number of contact person:

Bank _____	Name _____	Contact Person _____	Account Number _____
	Address _____	State _____	Zip _____ Phone # _____

8. The undersigned agrees for itself, its officials, agents and employees that all use of Hanover County solid waste disposal facilities shall comply with all applicable ordinances, regulations and directives of County staff, including display of a truck number, reweighing if requested and the terms of the attached Certification.

9. Terms and conditions of this Agreement:

- A. All charges shall be due and payable upon receipt of the bill rendered, and shall be considered delinquent thirty (30) days following the billing date. A \$10.00 or 10% penalty shall be added to delinquent accounts.
- B. A delinquent account shall result in denial of service until full payment is made.
- C. Accounts with no activity for 12 months will be terminated.
- D. The County will use available means to collect delinquent accounts, including garnishment of assets.

10. The Undersigned affirms that the information supplied on this application is true and complete to the best of his/her knowledge and that the undersigned has the authority to enter into this Agreement. The undersigned shall notify the County in the event there is any change in the information provided in this application.

Applicant's Signature Title Date

Hanover County use only
Account Approval by: _____ Account Number: _____ Date: _____