



MONO COUNTY SOLID WASTE DIVISION

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SOLID WASTE ACCOUNT APPLICATION

I hereby apply for an account against which fees I incur at County disposal sites may be charged:

Applicant Name: _____ Phone: _____

Mailing Address: _____
City State Zip

Physical Address: _____
City State Zip

If applying as a business or public agency, please also complete the following:

Business/Agency: _____ Fax: _____

Contact Person: _____ Title: _____

Mono County/Mammoth Lakes Business License # _____

CA Contractors License # _____

Optional – I want to restrict the account and authorize charges only by the following person(s):

- (1) _____ (2) _____ (3) _____
- (4) _____ (5) _____ (6) _____
- (7) _____ (8) _____ (9) _____

I will most likely use the following disposal site(s): *(please check those that apply)*

- Benton Bridgeport Paradise Walker
- Benton Crossing Chalfant Pumice Valley

I understand that this account is solely for my convenience and that I will be invoiced following each month that charges are incurred. I assume responsibility for any amounts owing on the account. If I've established the account for a business or public agency, I acknowledge that I am authorized to incur debt and enter into contracts on its behalf. I agree to abide by policies governing account usage adopted by the County and understand that non-payment of charges may result in penalties and/or account suspension or cancellation.

Signature: _____ Date: _____

-----Space below reserved for Public Works use only-----

SW Acct. No.: _____ Approved by: _____ Date: _____