

## Commercial Solid Waste Registration Form

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner / Contact of Business \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Property Tax Parcel Number** \_\_\_\_\_

Do You Own Property Business Is Located On?  Yes  No

If No, Please Indicate Property Owner

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Solid Waste Hauler Name \_\_\_\_\_

If This Business Is Already Registered Please Include Account Number \_\_\_\_\_

This information must be as complete and accurate as possible. Please mail to the address above or give to your hauler.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Beltrami County Assigned Account Number \_\_\_\_\_ Date \_\_\_\_\_

**Mail or E-Mail Form back to:**

**Accounts Receivable, 751 Industrial Park Dr SE, Bemidji, MN 56601**

**E-Mail: [kari.smith@co.beltrami.mn.us](mailto:kari.smith@co.beltrami.mn.us)**

**Phone: 218-333-8105**