



**CITY OF JAMESTOWN**  
**102 3<sup>rd</sup> Ave SE – Jamestown, ND 58401**  
**Phone: 701.252.5900 [www.JamestownND.gov](http://www.JamestownND.gov)**  
**SOLID WASTE DISPOSAL FACILITY - APPLICATION FOR CHARGE ACCOUNT**

Name of Business: \_\_\_\_\_ Type: \_\_\_\_\_

Business Address: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**How long has business operated in Stutsman County, ND:** \_\_\_\_\_  
 (Must have a Stutsman County address for at least two years OR have Public Works Committee approval-meets monthly every 4<sup>th</sup> Thursday).

Business Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List personnel authorized to sign charge slips:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CURRENT LOCAL Jobsite (if applicable): \_\_\_\_\_

CONTRACTOR'S LICENSE NUMBERS: ND State: \_\_\_\_\_ CITY: \_\_\_\_\_

I, the undersigned, understand and agree that all landfill charges/Invoices will be PAID IN FULL each month, no later than the 25<sup>th</sup> day of the following month. I also understand that failure to pay the monthly account in full may cause charging privileges to be suspended along with cancellation of access to the City Solid Waste Disposal Facility until all charges are paid in full.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

SECURITY DEPOSIT AMOUNT \$ \_\_\_\_\_ (Minimum \$250.00) Date Received: \_\_\_\_\_

Approved applications shall require a **deposit of the maximum expected monthly charge** with a minimum of **\$250 required. No account will be allowed to charge more than their deposit** (Solid Waste Policy per City Council 3/1/99). **Accounts three (3) months or more past due (regardless of amount) will not be allowed to dispose of waste until account is paid in full.** Deposit amount will be refunded to account holder less any charges due upon written notice to the City Auditor's office.

Approved by Committee and/or Sanitation Foreman \_\_\_\_\_ Date: \_\_\_\_\_