

**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# \_\_\_\_\_

*Nature of entity:*  
 Corporation  
 Limited Liability Company  
 General Partnership  
 Limited Partnership  
 Sole Proprietorship/Individual  
*State of Incorporation or  
 Organization of Entity:* \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_