## COUNTY OF ST. PAUL NO. 19 <u>SOLID WASTE DISPOSAL</u> CHARGE ACCOUNT FORM



						Date:	20	
Transfer Station Location: _		Landfill Operator:						
Resident/Compan	y Name: _				/			
		(Please Print)				Signature		
Address:								
				_ Phone N	lo			
WASTE CATEGORY	NO. OF LOADS	1/2-3/4 TON Truck	1 TON/ Single Axle Trailer	Dump / 2 or more Axle Trailer	10 YDS. Truck or Trailer	20 YDS Truck & Roll offs	TOTAL FEES	
Cement		\$55.00	\$75.00	\$150.00	\$250.00	\$300.00		
Shingles		\$55.00	\$75.00	\$150.00	\$250.00	\$300.00		
General Demolition		\$55.00	\$75.00	\$150.00	\$250.00	\$300.00		
Mixed Load		\$110.00	\$150.00	\$300.00	\$500.00	\$600.00		
Fridges/Freezers	x \$20.00	Unit#:						
RV 20' and under (Hitch to Bumper)	x \$100.00	Stations O	and Mallai only. Freon u	nit must be				
RV over 20' (Hitch to Bumper)	x \$200.00	removed.	Additional cl	harges may				
Cost Recovery of Non-Transferrable Materials								
						GRAND TOTAL:		
Notes:								
	DI NI	066. 11		II. /F	I Dec	Ignuary 1 20	122)	