

COUNTY OF ST. PAUL NO. 19
SOLID WASTE DISPOSAL
CHARGE ACCOUNT FORM



Date: _____ 20 _____

Transfer Station Location: _____ Landfill Operator: _____

Resident/Company Name: _____ / _____
(Please Print) Signature

Address: _____

Phone No. _____

WASTE CATEGORY	NO. OF LOADS	1/2-3/4 TON	1 TON	10 YDS.	20 YDS.	ROLL-OFFS	TOTAL FEES
Cement		\$55.00	\$75.00	\$225.00	\$275.00	\$275.00	
Shingles		\$55.00	\$75.00	\$225.00	\$275.00	\$275.00	
General Demolition		\$55.00	\$75.00	\$225.00	\$275.00	\$275.00	
Mixed Load		\$110.00	\$150.00	\$450.00	\$550.00	\$550.00	
Fridges/Freezers	____x\$20.00	Unit #:					
Other							
						GRAND TOTAL:	

Notes:

Please Note: Official Invoice to follow.