



Colleton County Solid Waste Department

P O Box 1882
Walterboro, SC 29488

Office- (843) 893-2313

Fax- (843) 893-2590

Application

NAME OF BUSINESS OR RESIDENT: _____

OWNER'S NAME: _____

ADDRESS: _____

DAY #: () _____ - _____ EVENING #: () _____ - _____

DRIVERS LICENSE #: _____ SSN / FEDERAL ID #: _____

CIRCLE ONE: RESIDENT COMMERCIAL OUT OF COUNTY OUT OF STATE

TYPE OF MATERIAL: _____

NON- COUNTY / NON STATE CONTRACTOR

START DATE: _____ ESTIMATED ENDING DATE: _____

ESTIMATED TONNAGE: _____

A MINIMUM OF \$500.00 MUST BE PAID ON ACCOUNTS BEFORE DUMPING.

PRINT DRIVERS NAME: _____

VEHICLE TAG #: 1. _____ 2. _____ 3. _____

THE INFORMATION STATED ABOVE IS CORRECT AND TRUE. I AGREE TO ABIDE BY COLLETON COUNTY REGULATIONS AND TO PAY ALL APPLICABLE CHARGES AND FEES IN ACCORDANCE WITH COLLETON COUNTY'S POLICIES.

APPLICANTS SIGNATURE

PRINT

DATE

SOLID WASTE DEPARTMENT USE ONLY

DEPOSIT AMOUNT: _____ RECEIVED BY: _____ DATE: _____

ACCOUNT # _____