



TULARE COUNTY SOLID WASTE DEPARTMENT

5955 SOUTH MOONEY BLVD
VISALIA, CA. 93277
PHONE (559) 624-7195
FAX (559) 624-1041

BRYCE HOWARD, DIRECTOR

SOLID WASTE DEPARTMENT APPLICATION FOR MONTHLY BILLING SERVICE

1. Name of Applicant S.S.N/E.I.N # Phone Number

Address City State Zip

Name of Business Business Phone Fax Number

Business Mailing Address City State Zip

Business E-Mail

2. **TYPE OF USER:** ☐ Municipal Hauler ☐ Industrial (i.e. Construction Hauler)
☐ Private Material Hauler ☐ Landscaper
Other

3. **ESTIMATED LOADS PER MONTH** _____

OTHER THAN MUNICIPAL:

List type and number of license which you operate:

Contractor's License No. _____

Business License No. _____

TOTAL NUMBER OF I.D. CARDS NEEDED _____

Total Number of Vehicles Operated: _____

Description: _____

Description: _____

Description: _____

Description: _____

(Use additional pages if necessary)

Total estimated cubic yards/tons of refuse to be hauled per month per vehicle: _____

4. BANK REFERENCE*:

Bank Name	Address	City	State	Zip
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_____ (10 digits)

Checking Account No.

Bank Contact Name: _____ Phone: _____

Bank Contact Email: _____ Fax: _____

CREDIT REFERENCES*:

1. _____

Name	Mailing Address	City	State	Zip
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Contact Name	Business Phone	Fax Number	Account No.
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2. _____

Name	Mailing Address	City	State	Zip
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Contact Name	Business Phone	Fax Number	Account No.
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3. _____

Name	Mailing Address	City	State	Zip
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Contact Name	Business Phone	Fax Number	Account No.
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5. CERTIFICATION: All statements made on or in connection with this application form are true and correct to the best of my knowledge.

I understand and acknowledge that all information I have submitted and all information provided by the bank and credit references I have listed above shall constitute public information that can be disclosed pursuant to the Public Records Act.

Applicant Signature	Position/Title	Date
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Office Use Only:

Determination (circle one): Approved Denied Account Limit: \$ _____

By: _____ Date: _____

Comments: _____

*****NOTICE*****

The Application must be fully completed. Incomplete Applications will be automatically denied.

Please allow 2-3 weeks for processing from time of receipt.

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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BRYCE HOWARD, DIRECTOR

SOLID WASTE DEPARTMENT AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

Name of Applicant	S.S.N./E.I.N. #	Phone Number
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Address	City	State	Zip
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Name of Business	Business Phone	Fax Number
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Business Mailing Address	City	State	Zip
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I hereby authorize the bank and credit references I have listed on the Application for Monthly Billing Service to release information requested by the Tulare County Solid Waste Department. I understand that this information will be used to make a determination of financial responsibility in support of my request for monthly billing service.

Signature	Date
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Title

If you have any questions or need help completing the application, please contact the Solid Waste Business Office at (559) 624-7195.