



SOLID WASTE DEPARTMENT

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

BRYCE HOWARD, DIRECTOR

SOLID WASTE DIVISION APPLICATION FOR MONTHLY BILLING SERVICE

1. Name of Applicant _____ S.S # _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Name of Business _____ Business Phone _____ Fax Number _____

Business Mailing Address _____ City _____ State _____ Zip _____

2. TYPE OF USER: ☐ Municipal ☐ Industrial
☐ Private Refuse Hauler ☐ Gardener
☐ Municipal ☐ Other
(i.e. ranch, farm)
Specify _____

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
<hr/>				
(10 digits)				
Checking Account No. <hr/>				
Bank Contact Name: <hr/>		Phone: <hr/>		
		Fax: <hr/>		

CREDIT REFERENCES*:

1.	<hr/>				
	Name	Mailing Address	City	State	Zip
	<hr/>				
	Contact Name	Business Phone	Fax Number	Account No.	
	<hr/>				
2.	<hr/>				
	Name	Mailing Address	City	State	Zip
	<hr/>				
	Contact Name	Business Phone	Fax Number	Account No.	
	<hr/>				
3.	<hr/>				
	Name	Mailing Address	City	State	Zip
	<hr/>				
	Contact Name	Business Phone	Fax Number	Account No.	
	<hr/>				

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.

Signature	Position/Title	Date
<hr/>	<hr/>	<hr/>
Print Name <hr/>		

Office Use Only:

Determination (circle one):	Approved	Denied	Account Limit: \$ <hr/>
By: <hr/>	Date: <hr/>		
Comments: <hr/>			
<hr/>			
<hr/>			

* The references need to be complete. We do mail out inquiries.



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BRYCE HOWARD, DIRECTOR

SOLID WASTE DIVISION AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Applicant		S.S #	Home Phone
Address		City	State
			Zip
Name of Business		Business Phone	Fax Number
Business Mailing Address		City	State
			Zip

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
Print Name	

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

Sign Here
Signature of U.S. person ▶

Date ▶

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.