



# Landfill Business Account Application

Oglethorpe County Public Works  
oglethorpecountyga.gov  
P.O. Box 261 · Lexington, Georgia 30648 · 706-743-5270

## Business Information -

Business Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Credit Amount Requested: \$ \_\_\_\_\_

## STAFF USE ONLY:

Date Received: \_\_\_\_\_  
Staff Initial: \_\_\_\_\_  
Notes:

## Account Payable Contact Information -

A/P Contact Person's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Project Based (Only Fill Out if Project Based)-

Project Description: \_\_\_\_\_  
\_\_\_\_\_ Estimated Tonnage: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
General Contractor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Sub Contractor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## References:

	Company's Name:	Contact Person:	Phone # & email:
First:	_____	_____	_____
Second:	_____	_____	_____
Third:	_____	_____	_____

**\*Note: Monthly Charge Accounts Are Due on the 10th of Each Month, If NOT RECEIVED by the 30th, further action will be taken.**

## **NOTICE**

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OF LOCAL LAW REGULATING CONSTRUCTION OF THE PERFORMANCE OF CONSTRUCTION.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_