Solid Waste Commercial Customer:

Please complete the enclosed forms to establish a Spokane County Transfer Station Account.

Please allow 5-10 business days for your account to be activated. You will receive a confirmation letter with your account information and decals as needed. You may use the North and Valley Transfer Stations on a pay as-you-go basis until you receive your confirmation letter.

The Waste to Energy Plant in Airway Heights is operated by the City of Spokane and therefore, you will need to have an account with the City of Spokane for using that facility.

If you have any questions, please call our office at (509) 477-3604.

Thank you,

Debra Geiger
Regional Solid Waste Coordinator
Please complete the application and this form, return to:

SPOKANE COUNTY ENVIRONMENTAL SERVICES  
1026 W BROADWAY AVE, 4TH FLOOR  
SPOKANE, WA 99260-0430

Please allow 5-10 working days for your account to become active. After we receive the application and this information form, we will mail the decals. You will NOT be able to use your account without these decals.

Please send me _________ decals (fill in blank)

VERIFICATION:

I, ____________________________, ____________________________,  
(Print name) (Title)

verify that I am familiar with the enclosed information and agree that it is true and accurate. I understand I must disclose any changes in the said information.

I also understand this form and disclosure are conditions of maintaining my account privileges.

Signature: ____________________________

Date: _____ / _____ / ______
SOLID WASTE TRANSFER STATION APPLICATION

1. Name of Business __________________________________________________________

2. Spokane Business Address, if applicable _______________________________________

3. Business Mailing Address ___________________________________________________

4. Person Responsible for Payment_________________________________________ Phone________

5. Email Address ___________________________________________________________

6. Name(s) of Owners (Officers of the Corporation) Fax:__________________________
   Name__________________________________ Title_________________ Phone_________
   Address________________________________ Zip__________________
   Name__________________________________ Title_________________ Phone_________
   Address________________________________ Zip__________________

7. Organization Type (State______):
   Sole Proprietor □  Partnership □  Corporation □  Not for Profit □  Other □

8. List all additional locations owned in Spokane County: (Use additional page if necessary)
   Business Name_____________________________ Address____________________________
   Business Name_____________________________ Address____________________________

9. I certify under penalty of perjury that the information above is correct and complete to the best of my knowledge and belief.

   ____________________________________________ (Print Name) ____________________________ (Business Phone)
   Signature_________________________________________ Title______________________________
   Date_________ / _______ / _______ Federal Tax ID# ___________________________ UBI #________________________

Pursuant to RCW 19.16.500, you are hereby notified that should this account become delinquent, it may be assigned to a collection agency for collection if the account is not brought current in a timely fashion.

OFFICIAL USE ONLY

Account Number ________________________________________________________________

September 2017 ver.