



Spokane County

Environmental Services
Kevin R. Cooke, P.E., Director

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

1026 West Broadway Avenue, 4th Floor • Spokane, WA 99260-0430
Phone: (509) 477-3604 • Fax: (509) 477-4715 • TDD: (509) 477-7133



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Environmental Services
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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: _____ / _____ / _____



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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.