

MONMOUTH COUNTY RECLAMATION CENTER ESCROW ACCOUNT APPLICATION

The undersigned hereby makes application for solid waste disposal at the Monmouth County Reclamation Center, located in Tinton Falls, off Asbury Avenue. **After completing application, enclose a copy of one NJ DEP Card & Registration Card.**

1. Name of Firm or Governmental Agency _____

Applicant or Person to Contact: _____

Mailing Address: _____

Street Address: _____

Telephone #: _____ Fax #: _____

Email Address (For Monthly Statement Delivery): _____

2. Trade Name, if any, under which business is to be conducted: _____

3. Furnish description of operation: _____

4. Date business started: _____ If incorporated, Date of Incorporation: _____

5. If the applicant is a corporation, give the Corporate Name. _____

6. If the applicant is a proprietorship, give the name, address, and Social Security Number of the proprietor: _____

7. If the applicant is a partnership, give the names, addresses, and Social Security Numbers of partners.

Address of the principal office: _____

Under laws of which state, is company Incorporated? _____

If not incorporated under laws of the State of New Jersey, furnish a copy of authority to do business in New Jersey (attach copy of corporate charter), name and residence of registered or authorized agent in New Jersey (as filed with the New Jersey Secretary of State) upon whom process in any proceeding against applicant or proceedings in any court of this State or in the United States District Court for the District of New Jersey may be served.

8. Name and address of bank used for business: _____

NOTE: ONLY SOLID WASTE GENERATED WITHIN THE COUNTY OF MONMOUTH MAY BE ACCEPTED AT THE MONMOUTH COUNTY RECLAMATION CENTER.

Forward completed application with a check made payable to the "Monmouth County Treasurer", to:

Monmouth County Reclamation Center

ATTN: MCRC Payments

6000 Asbury Avenue

Tinton Falls, NJ 07753

The applicant agrees to abide by all rules and regulations of the Monmouth County Reclamation Center as promulgated by the Board of Chosen Freeholders.

The undersigned certifies he or she is authorized to sign this application and has carefully examined all statements made in this application and that all such statements are made true and correct to their best of knowledge and belief

Printed Name: _____ Title: _____

Signature: _____ Date: _____

AFFIDAVIT

I, _____ do hereby agree to comply with all the terms and conditions of the "Tariff For Solid Waste Disposal, Monmouth County Reclamation, Applicable in Monmouth County, State of New Jersey", which has been approved by the Public Utilities Commission of the State of New Jersey, dated July 25, 1996 and do hereby agree to pay the Board of Chosen Freeholders of the County of Monmouth for the disposal of said solid waste as indicated in accordance with the prevailing Tariff rates, which rates may be changed from time to time as authorized and approved by the Public Utilities Commission of the State of New Jersey.

Signature of Above Named: _____ Date: _____

(Do not write beneath the line below – for MCRC Office Use Only)

Account # _____ Escrow Amount: \$ _____

Supervising Weighmaster's Signature: _____ Date: _____

ON BEHALF OF THE BOARD OF CHOSEN FREEHOLDERS
COUNTY OF MONMOUTH

Signature of Management Assistant Kyle M. Dodig
Monmouth County Reclamation Center
Date: _____

Copy of Vehicle Registration

Copy of NJDEP Registration (if applicable)