

Monmouth County Reclamation Center

Instructions for completing Escrow Account Application and using O&D Form

Print out pages two and three (below) of this PDF. It is the Escrow Application, which must be completed & mailed to the address at the bottom of page two. The application can also be hand delivered to the Monmouth County Finance Office at 300 Halls Mill Road, Freehold.

Be sure to enclose a copy of the NJDEP card. Applications without it will be rejected!

DO NOT BRING APPLICATION TO MONMOUTH COUNTY RECLAMATION CENTER AS IT WILL NOT BE PROCESSED!

The O&D forms (MCRC - page four) or (NJ State form pages five and six):

Use either the MCRC or the NJ State form at your discretion. Whichever form used, it must be completed and handed to the Weighmaster prior to disposal. Print the form from your office, because they will cost you \$0.50 each at the landfill - cash only! Notice that the MCRC version (on page 4 of this PDF) has two forms on one sheet of paper. If you use the MCRC version, be sure to cut them in half and only fill out one for each visit.

After your Escrow Account is established, prior to pulling onto the scale, come into the Scale Office with the vehicle's MVC registration card as well as the NJDEP Registration Card.

The NJDEP Decal, must be permanently affixed to the driver's side of the vehicle. The NJDEP number (different from the decal number) must be permanently affixed to the driver's side of the vehicle near the NJDEP decal, using 3 inch bold display lettering and the lettering must have a different color than its background (i.e. black & white).

The name of the company must be affixed to both sides of the vehicle; magnetic signs are permissible.

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)