

COUNTY OF SAN JOAQUIN
DEPARTMENT OF PUBLIC WORKS
SOLID WASTE DIVISION

PREPAID DEPOSIT ACCOUNT

SITE _____ DATE _____
(Where acct. is to be set-up)

NAME OF COMPANY _____

MAILING ADDRESS _____
(If P.O. Box, please include a physical alternate address)

ALTERNATE MAILING ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

ACCOUNTS PAYABLE CONTACT NAME _____

OWNER'S NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

DRIVER'S LICENSE NUMBER _____

TO BE COMPLETED BY COUNTY:

OPENING DATE: _____

DEPOSIT AMOUNT: _____

DATE CHECK REC'D: _____

CHECK NUMBER: _____

ACCOUNT NUMBER: _____

OTHER INFORMATION:

