

## North Central Solid Waste Authority SELF-HAUL APPLICATION 2024

Account No		

P O Box 1230 1101 Industrial Park RD Suite C Española, NM 87532 (505) 747-8459 • (505) 747-8464 fax Website: ncswa-nm.org

## RIO ARRIBA COUNTY RESIDENTIAL CUSTOMERS ONLY

## \$153.55 FOR CALENDAR YEAR 2024

OWNERS SIGNATURE REQUIRED
UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED

NOTE: Payment for calendar year 2024 is due no later than NOTE: Self-haul discount is available for payments received by January 31st to qualify for self-haul discount; polycart must January 31, 2024 applications submitted after January 31st will be returned clean and undamaged except for normal "wear not receive discounted price. and tear". COMPLETE THIS SECTION FOR NEW ACCOUNTS ONLY ALL NEW APPLICANTS MUST COMPLETE BOTH SECTIONS (TO RENEW SELF HAUL COMPLETE BILLING ADDRESS. Property Owner: PHONE NUMBER, AND SIGN) Spouse/Co-owner:\_\_\_\_\_ Account Number: Mailing Address: (1) Applicant: \_\_\_\_\_State\_\_\_\_\_Zip \_\_\_\_\_ (2) Applicant: Phone No.: \_\_\_\_\_Cell No. \_\_\_\_ Billing Address: \_\_\_\_\_State\_\_\_\_\_ Zip \_\_\_\_\_ Every new account will be charged Application Fee Service Address: SR/CR/Hwy \_\_\_\_\_PD House \_\_\_\_\_ Street Name \_\_\_\_\_ ☐ \$25.00 Application Fee (required for new accounts) Location (example Espanola/Velarde/Truchas) Phone No.: \_\_\_\_\_Cell No. \_\_\_\_ Driver's License: \_\_\_\_\_State\_\_\_\_ Polycart returned: ☐ yes ☐ no Polycart # Exp: \_\_\_\_DOB \_\_\_\_ Application Submittals - Please Attach the Following Property Tax Statement or Warranty Deed Copy of Identification (Drivers License) Proof of physical address print out from Planning and Zoning I hereby certify that I am the lawful owner of the parcel(s) of land, which this application concerns, and consent to this action. I also acknowledge that delinquent and/or unpaid balances are the sole responsibility of the property owner. I hereby certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I will accept responsibility for all charges and fees. I further understand that this application may be delayed in processing or denied if the information provided is incomplete or inaccurate. I hereby agree to all terms and conditions pertaining to this agreement (additional information on back of form). Self-haul acknowledgement: I understand that I am receiving a discounted rate to self-haul household trash produced at this address and if any trash is left for pick up or illegally disposed of in any way, I will lose the self-haul discount and my account will be charged the full rate retroactive to the date I signed this agreement; additional charges apply for large items, excess trash, commercial waste, construction debris, tires and other non-household Owners Signature: NCSWA Representative \_\_\_\_\_

Permit Card # \_\_\_\_\_ Entered/completed by \_\_\_\_\_ Date \_\_\_\_