

ORANGEBURG COUNTY LANDFILL
P.O. BOX 9000
310 ENDICOTT COURT
ORANGEBURG, SC 29116
(803)536-5045 / FAX (803)533-5891

PERMIT APPLICATION

NAME OF COMPANY: _____

MAILING ADDRESS: _____
(INCLUDE STREET ADDRESS)

PERSON RESPONSIBLE FOR ACCOUNT: _____

TELEPHONE NUMBER: _____

VERIFICATION NUMBER:(SS#,DL#,FED ID#) _____

PERMIT FEE : \$10.00

APPLICANT'S SIGNATURE: _____ DATE: _____

VEHICLE INFORMATION

YEAR _____ MAKE/MODEL _____ SERIAL # _____

INSURANCE CARRIER _____ EXP.DATE _____

INSURANCE COVERAGE _____

LICENSE PLATE NUMBER _____

TYPE REFUSE: _____

REFUSE TO BE HAULED FROM: _____ (ORANGEBURG COUNTY ONLY)

ORANGEBURG COUNTY USE ONLY

PERMIT # _____ FEE RECEIVED _____ DATE _____

CUSTOMER # _____ SIGNATURE _____

PLEASE FILL OUT ONE APPLICATION FOR EACH VEHICLE TO BE PERMITTED

PERMIT NON-TRANSFERABLE / PERMIT RENEWED ANNUALLY

APPLICATION MUST BE FILLED OUT COMPLETELY

APPLICATION MUST BE SIGNED BY PERSON RESPONSIBLE FOR ACCOUNT