

PLEASE ATTACH COPY OF GRANT DEED

COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC WORKS
SOLID WASTE MANAGEMENT DIVISION



REQUEST FOR DISPOSAL USE PERMIT

-PLEASE PRINT CLEARLY-

Tax Assessor's Parcel No. _____

Property Owner's Name: _____

Property Owner's Daytime Phone No. (_____) _____

Property Address:

_____ Street

_____ City _____ State _____ Zip Code

Property Owner's Mailing Address (if different from property address):

_____ Street

_____ City _____ State _____ Zip Code

Previous Owner's Name (s) (if new homeowner):

New Permit please attach copy of Grant Deed

Mail to:
County of San Bernardino
Solid Waste Management Division
222 West Hospitality Lane, 2nd Floor
San Bernardino CA 92415-0017

Telephone: 1-800-722-8004

Fax: 1-909-386-8900

Owner's Signature

Date

-FOR OFFICE USE ONLY-

DATE OF ORDER _____

CLERK _____

DATE OF ORDER _____

CLERK _____

Rev. 12/2014