

**REPLACEMENT PERMIT REQUEST**



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

**REQUEST FOR REPLACEMENT DISPOSAL USE PERMIT**

*-PLEASE PRINT CLEARLY-*

Tax Assessor's Parcel No. \_\_\_\_\_  
*(This number can be found on your Property Tax Bill or your Grant Deed)*

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

**Replacement Permit** *(Please include an \$11.00 replacement fee and your Parcel No. (APN) Please make check payable to "Solid Waste Management." The replacement permit will be mailed to you and the lost permit will be cancelled.)*

Mail check / money order and application to:

County of San Bernardino  
Solid Waste Management Division  
222 West Hospitality Lane, 2<sup>nd</sup> Floor  
San Bernardino CA 92415-0017

Telephone: 1-800-722-8004

\_\_\_\_\_  
Owner's Signature Date

**-FOR OFFICE USE ONLY-**

DATE OF ORDER _____	CLERK _____	_____
		_____
		_____

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