



Account Application and Informational Packet

3095 114th Avenue North

St. Petersburg, Florida 33716-2006

Phone: 727-464-7500

Fax: 727-464-7713

Email: swfinance@co.pinellas.fl.us Website: www.pinellascounty.org

Facilities Hours of Operations



Administration / Business & Finance

Hours: Monday to Friday 8 a.m. to 5 p.m.

Closed Saturdays, Sundays, County and all major holidays

Scalehouse

Hours: Monday thru Friday 6 a.m. to 6 p.m. and Saturday 7 a.m. to 5 p.m.

Closed Sundays, Thanksgiving, Christmas, and New Year Day

Household Electronics and Chemical Collection Center

Hours: Monday thru Friday 6 a.m. to 6 p.m. and Saturday 7 a.m. to 5 p.m.

Closed Sundays and all major holidays

Also, located at the Household Electronics and Chemical Collection Center

Swap Shop – during normal business hours

Recycling Drop-off Center – 24 hours 7 days a week

EnviroBusiness - 9:00 am – 4:00 pm second Wednesday of every month (Dates may change if Wednesday falls on a County observed holiday)

Waste-to-Energy Facility

Hours: Monday thru Friday 6 a.m. to 6 p.m. and Saturday 7 a.m. to 5 p.m.

Closed Sundays, Thanksgiving, Christmas, and New Year Day

Bridgeway Acres Landfill

Hours: Monday thru Friday 6 a.m. to 6 p.m. and Saturday 7 a.m. to 5 p.m.

Closed Sundays, Thanksgiving, Christmas, and New Year Day



Payment Acceptance

No account payments are accepted at the scale house

Scale house Cash Credit Card Checks

Cash

Credit Card

- Visa
- MasterCard

Note: Deposits on credit/debit cards can be held by the bank 3 to 5 business days.

Checks (Please read *Check Acceptance Requirements*, page 3)

- Business checks must be signed by the owner.
 - Out of state checks accepted
- Personal checks must be signed and presented by the check writer or authorized signer on the account.
 - No out of state checks are accepted
 - No starter checks are accepted

Account Payments

Are accepted at the administration building Monday – Friday from 8:00 am – 5:00 pm

Financial Services

Cash Money Order Cashier's Check ACH/EFT Payments (upon request)
Business or Personal Checks (Please read *Check Acceptance Requirements*, page 3)

By mail:

Make checks payable to: Pinellas County Solid Waste Management
Mail checks to: Attention: Financial Services
 3095 114th Avenue North
 St. Petersburg, Florida 33716-2006

To ensure payments are received in a timely manner, it is to your advantage to return your payments in the self-addressed envelope provided with your invoice and statement.

Mailing payments to any other address other than the address above will cause a delay in processing your payment to your account and your account being suspended until payment is received.



Check Acceptance Requirements

Absolutely no starter checks

Personal Checks

Valid Florida Driver's License
Home and Work phone number
Address printed on the check
Banking information printed on the check
Signatory must be person presenting the check

Business Checks

Name of business
Phone number
Physical address printed on the check
Banking information printed on the check

Returned Checks

Upon receipt of a returned check, your disposal privileges will be revoked until the returned check(s) is resolved.

A 15-day notice will be sent by postal mail of any check(s) that are returned to us, whether electronically (TeleCheck) or manually (bank deposit), to pay the check(s) and any fees associated with the check(s).

You will not be allowed to use the facility on a cash or credit/debit card basis until the check(s) and any fees associated with the check(s) are paid in full.

If you have written two bad checks and paid by the given deadline you will be considered for continued check acceptance.

If you have written more than two bad checks and paid by the given deadline you will not be considered for continued check acceptance for 3 months.

If your check(s) are not paid by the given deadline, your check(s) will be forwarded to the State Attorney's office for collection.

If your check(s) are forwarded to the State Attorney's office for collection, you will not be considered for continued check acceptance for at least 9 months.

Returned Checks Payments:

Payments for returned checks are accepted at the administration office **only** and must be in cash, cashier's check, or money order for the check amount and any fees associated with the check.



Account Information

Account Types

A. Cash Account – payment is due at the time of service.

If you are not eligible for a flat rate or are required to reweigh, you are subject to leave a deposit See *Estimated Deposit Calculations – Table 1* on page 6.

B. Invoice Account – requires an escrow (guarantee of payment).

Escrow Types guarantee of payment methods. **Credit cards are not offered as a guarantee of payment method.**

The initial guarantee of payment is an estimate of 2 months of disposal fees and the minimum amount of an initial guarantee is \$325. See *Estimated Escrow Calculations – Table 2* on page 6.

Guarantee of payment (escrow) Types:

1. Deposit held in a non–interest bearing account

Cash, check, cashier’s check, or money order made payable to: Pinellas County Solid Waste Management.

2. Irrevocable Letter of Credit - Bank

Must be on the bank’s original letterhead with the proper signatures and seals. See “Example” contained in packet.

3. Surety Bond – Insurance Company or Bonding Agency

Must be on the insurance company or bonding agency’s form with the proper signatures and seals. See “Example” contained in packet.

Flat Rate and Deposit Fee Schedule



\$2.00

Passenger Vehicles



\$10.00

Pickup Trucks

Vans

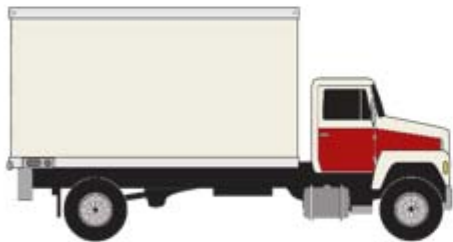
*Vehicles paying by weight will be required to provide a deposit for 50% of gross weight upon entering the facility



Modified Pickups



Any vehicle pulling a trailer



\$37.50 per ton*

Box Trucks

Dump Trucks



Tractor Trailers

*All calculations are based on **total gross weight** of the vehicle and the load. See estimated deposit calculations on page 5, if you are required to leave a deposit.



Estimated Deposit Calculations

NOTE: Failure to reweigh will result in forfeiture of your deposit.

Table 1

GrossTons	Disposal Fee	Gross Deposit	50% of Gross Deposit	Required Deposit Amount
1	37.50	37.50	0.50	\$19
2	37.50	75.00	0.50	\$38
3	37.50	112.50	0.50	\$56
4	37.50	150.00	0.50	\$75
5	37.50	187.50	0.50	\$94
6	37.50	225.00	0.50	\$113
7	37.50	262.50	0.50	\$131
8	37.50	300.00	0.50	\$150
9	37.50	337.50	0.50	\$169
10	37.50	375.00	0.50	\$188
11	37.50	412.50	0.50	\$206
12	37.50	450.00	0.50	\$225
13	37.50	487.50	0.50	\$244
14	37.50	525.00	0.50	\$263
15	37.50	562.50	0.50	\$281
16	37.50	600.00	0.50	\$300
17	37.50	637.50	0.50	\$319
18	37.50	675.00	0.50	\$338
19	37.50	712.50	0.50	\$356
20	37.50	750.00	0.50	\$375
21	37.50	787.50	0.50	\$394
22	37.50	825.00	0.50	\$413
23	37.50	862.50	0.50	\$431
24	37.50	900.00	0.50	\$450
25	37.50	937.50	0.50	\$469
26	37.50	975.00	0.50	\$488
27	37.50	1,012.50	0.50	\$506
28	37.50	1,050.00	0.50	\$525
29	37.50	1,087.50	0.50	\$544
30	37.50	1,125.00	0.50	\$563
31	37.50	1,162.50	0.50	\$581
32	37.50	1,200.00	0.50	\$600
33	37.50	1,237.50	0.50	\$619



Estimated Escrow Calculations

***There is a minimum escrow deposit of \$325 for all new accounts as of 12/1/15.**

Table 2

Disposal Tonnage	<u>Estimated Monthly Disposal Tonnage</u>	Disposal Fee	2 Months of <u>Estimated Escrow</u>	Disposal Tonnage	<u>Estimated Monthly Disposal Tonnage</u>	Disposal Fee	2 Months of <u>Estimated Escrow</u>
1	4	37.50	\$325	31	134	37.50	\$10,075
2	9	37.50	\$650	32	139	37.50	\$10,400
3	13	37.50	\$975	33	143	37.50	\$10,725
4	17	37.50	\$1,300	34	147	37.50	\$11,050
5	22	37.50	\$1,625	35	152	37.50	\$11,375
6	26	37.50	\$1,950	36	156	37.50	\$11,700
7	30	37.50	\$2,275	37	160	37.50	\$12,025
8	35	37.50	\$2,600	38	165	37.50	\$12,350
9	39	37.50	\$2,925	39	169	37.50	\$12,675
10	43	37.50	\$3,250	40	173	37.50	\$13,000
11	48	37.50	\$3,575	41	178	37.50	\$13,325
12	52	37.50	\$3,900	42	182	37.50	\$13,650
13	56	37.50	\$4,225	43	186	37.50	\$13,975
14	61	37.50	\$4,550	44	191	37.50	\$14,300
15	65	37.50	\$4,875	45	195	37.50	\$14,625
16	69	37.50	\$5,200	46	199	37.50	\$14,950
17	74	37.50	\$5,525	47	204	37.50	\$15,275
18	78	37.50	\$5,850	48	208	37.50	\$15,600
19	82	37.50	\$6,175	49	212	37.50	\$15,925
20	87	37.50	\$6,500	50	217	37.50	\$16,250
21	91	37.50	\$6,825	51	221	37.50	\$16,575
22	95	37.50	\$7,150	52	225	37.50	\$16,900
23	100	37.50	\$7,475	53	230	37.50	\$17,225
24	104	37.50	\$7,800	54	234	37.50	\$17,550
25	108	37.50	\$8,125	55	238	37.50	\$17,875
26	113	37.50	\$8,450	56	243	37.50	\$18,200
27	117	37.50	\$8,775	57	247	37.50	\$18,525
28	121	37.50	\$9,100	58	251	37.50	\$18,850
29	126	37.50	\$9,425	59	256	37.50	\$19,175
30	130	37.50	\$9,750	60	260	37.50	\$19,500

If the Estimated Monthly Disposal Tonnage is **5 tons**, then your 2 Months of Estimated escrow is **\$325**. Disposal privileges are limited to the escrow amount. If the total disposal exceeds the escrow, the account will be placed on hold until the account is brought current.



Application

OFFICE USE ONLY		
Date _____	Customer ID _____	Cash _____ Charge _____ Update _____
GUARANTEE OF PAYMENT METHOD		
Deposit (Non-interest bearing account)	Irrevocable Letter of Credit (Bank)	Surety Bond (Bond/Insurance Company)
Number _____	Number _____	Number _____
Amount _____	Amount _____	Amount _____
BUSINESS INFORMATION		
Business name: _____		
Division/DBA: _____		
Phone: () _____	Fax: () _____	
Web address: _____		
Business address: _____		
City: _____	State: _____	ZIP Code: - + 4
Billing address: _____		
City: _____	State: _____	ZIP Code: - + 4
Mailing address: _____		
City: _____	State: _____	ZIP Code: - + 4
BUSINESS CONTACT INFORMATION		
Name: _____		Title: _____
Address: _____		
City: _____	State: _____	ZIP Code: - + 4
Phone: _____	Cell: _____	
E-mail address: _____		
ACCOUNTS PAYABLE CONTACT INFORMATION		
Name: _____		Title: _____
Address: _____		
City: _____	State: _____	ZIP Code: - + 4
Phone: () _____	Fax: () _____	
E-mail address: _____		



Release of Liability

I the undersigned _____ on behalf
(Your Name)
of _____ do hereby agree to
(Company's Name)

indemnify, defend, save harmless and release from all liability whatsoever **PINELLAS COUNTY**, its board members, officers, agents, employees, representatives and contractors from and against all losses and all claims, demands, payments, suits, actions, recoveries, expenses, attorney's fees, and judgments of every nature and description, including but not limited to claims for property damage and of any act of negligence or omission of the agents, representatives, contractors or employees of PINELLAS COUNTY unless such agent, representatives, contractor or employee acts in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property of _____, or by reason

(Company's Name)

of any act of **PINELLAS COUNTY'S** agents, representatives, officials, employees, or contractors in removing or relocating a "disable vehicle", as defined by Resolution No. 83-240 of the **BOARD OF COUNTY COMMISSIONERS** governing operational rules and regulations pertaining to the **PINELLAS COUNTY SOLID WASTE RESOURCE RECOVERY SYSTEM** facilities.

Authorized Signature

I acknowledge and understand that this instrument waives certain rights and that I am authorized to execute same voluntarily and with full knowledge of its effect.

Signature _____ Title _____

Printed Name _____ Date _____



Agreements

TARE AGREEMENT

Upon affixing your account, vehicle, and container numbers, you will be required to obtain tare weights (empty weight) for each of your vehicle(s) and container(s).

NOTE: No tares will be done unless the account, vehicle, and container numbers are affixed and displayed on them in accordance to County Ordinance 82-594, on page 13. See exhibit A on page 16 for proper displaying and height requirements.

All vehicles and containers are subject to a random tare (empty weight) to be performed every six months. You are required to tare your vehicles and containers at a minimum of two times per year.

When your vehicle and or container is required to tare, you will be notified by the Scale Operator to tare (reweigh) your vehicle and or container.

VEHICLE DISPLAY AGREEMENT

All vehicles entering the facility must have the account and vehicle numbers permanently affixed, attached, or painted on the vehicles.

A six-digit scheme consisting of an account number and vehicle number (Exhibit "A", page 17) shall be placed on the left front edge of the vehicle body facing forward or may be located on the cab door just below the window.

The first three numerals are assigned by Solid Waste and are not transferable. The second three numerals are used to identify a particular vehicle and is supplied by the owner.

Please read County Ordinance 82-594, page 14

CONTAINER DISPLAY AGREEMENT

A three-digit numbering system shall be used to identify all container(s) entering the facility.

A particular container must have a three-digit number supplied by the owner and shall be permanently affixed, attached, or painted on the container.

I the undersigned _____ on behalf of
(Your Name)

_____ do hereby agree to the above
(Company's Name)

tare, vehicle and container agreements set forth by the Pinellas County Board of County Commissioners

Signature _____ Title _____



Agreements Cont.

ESCROW AGREEMENT

The estimated amount of the two months of disposal fees is subject to change or adjustment, made at the discretion of Pinellas County Solid Waste and will be based on such factors as changes in use of services, adjustment in fee schedules, disposal history, payment history or other such variables as deemed appropriate. This agreement made this ____ day of _____, 20____, between _____ as the "User" and the **BOARD**

(COMPANY'S NAME)

OF COUNTY COMMISSIONERS, as the "Obligee" that the User agree as follows:

Upon the establishment of a non-cash account with Pinellas County Solid Waste, the user shall establish and maintain an escrow account containing 2 months estimated disposal fees by one or more of the following payment guarantees types:

An irrevocable letter of credit with a financial institution having authority to transact business in the State of Florida.

A surety bond with an insurance or bonding agency having authority to transact business in the State of Florida.

A non-interest bearing cash deposit made to the account of the Board of County Commissioners.

The User agrees to maintain 2 months of disposal fees.

If the User exceeds the escrow in three consecutive months, the User agrees to an adjustment to the escrow of an amount to cover the deficit.

The user agrees within 30-days of notification of an increase, the amount of the adjustment will be made to the escrow account using one or more of the guarantee payment types.

I the undersigned _____ on behalf of
(Your Name)

_____ do hereby agree to the above
(Company's Name)

escrow agreement set forth by the Pinellas County Board of County Commissioners

Signature _____ Title _____



Notification Contact Request

We are implementing a notification procedure to inform our customers of any emergency and non-emergency that may affect the use of the Solid Waste facility. This will allow you to make an informed decision based on the information received. We are asking you to provide a method of contact so you can receive these important notifications.

Please complete and return this form to email: swfinance@co.pinellas.fl.us or fax: (727) 464-7713 as soon as possible.

Account Number: _____

Contact Name: _____

Company Name: _____

Please choose the best contact method for you?

E-mail

Address _____

Address _____

Other _____

Fax

Fax number _____

Dispatch Fax _____

Other _____

Telephone

Phone number _____

Cellular number _____

Dispatch number _____

Other _____



Vehicle and Container Requirements

New accounts will be issued a 30-day temporary pass (complete the form, page 16)

When your account number is given to you, you have 30 days to permanently affix, attach, or paint the account and vehicle number (Exhibit A, page 17) on your vehicle.

Vehicle Identification

All municipal and commercial owners shall have affixed, attached, or painted on each vehicle used to transport refuse to Solid Waste the account number and the vehicle number.

Container Identification

All municipal and commercial owners shall have affixed, attached, or painted on each metal container or trailer a number on each that is used to transport refuse to Solid Waste.

Layout and Location

Layout of the emblem shall be arranged to provide both account (owner) and vehicle number by use of a six-digit format (Exhibit "A", page 17). The first three numerals are the account number, assigned by Solid Waste, and the second three numerals are the vehicle number, assigned by the owner.

Location of the emblem shall be placed on the left front edge of the vehicle body facing forward or may be located on the cab door just below the window.

Tares

Once the account and vehicle numbers are affixed, attached, or painted on each vehicle, and the container number affixed, attached, or painted on each container you are required to obtain a tare weight (empty weight) for each of your vehicles and containers.

NOTE: No tares will be done unless the account, vehicle, and container numbers are affixed and displayed on them in accordance to County Ordinance 82-594, page 14.



County Ordinance 82-594

POLICY COVERING THE DISPLAY OF AN IDENTIFICATION EMBLEM ON REFUSE VEHICLES WHICH ROUTINELY USE THE PINELLAS COUNTY SOLID WASTE DISPOSAL SYSTEM.

1. All municipal and commercial owners shall have **affixed, attached, or painted** on each vehicle used to transport refuse to the System, an identification emblem which conforms to the design, size, and style shown on exhibit "A" to this Resolution. A separate but similar identification emblem shall be **affixed, attached, or painted** on each metal container or trailer, which can be handled or moved separately.
2. Location of the identification emblem shall be established to provide easy recognition by the weigh-scale attendant, while conducting the transaction. When possible, the emblem shall be placed on **left front edge of the vehicle body facing forward** or to the **left**. When such locations are not practical, the emblem may be located on the **cab door just below the window**. Right hand drive trucks require comparable placement on the right side of such vehicles.
3. Layout of the emblem shall be arranged to provide both owner and vehicle identification by use of a **six-digit number**. The **first three** numerals are reserved for **owner identification** and the **second three** numerals are reserved for **vehicle** or container identification, and a hyphen shall be inserted between the third and fourth digit.
4. The **first three numerals** shall be those specifically **reserved for the municipality or commercial owner** as assigned by the Solid Waste and are not transferable. Additional names with corresponding numerals will be added, as circumstances require. The second three numerals used to identify a particular vehicle or the owner based on his own numbering system shall supply container.

BE IT FURTHER RESOLVED that a corollary activity to the display of an identification number on refuse vehicles is the program to obtain **tare weights** and thus eliminate the need for re-weighing following each refuse disposal transaction. Owners can save time and expense by having each vehicle in their fleet report to the Solid Waste Entrance facility promptly on the date and time scheduled for determining the tare weight of such vehicles.



Request for a Temporary Pass

Limit 30 days. More than 30 days must be approved.

Please send request prior to scheduled use of the facility Fax: (727) 464-7713 or email: swfinance@co.pinellas.fl.us

Account Number _____ Date _____

Account Name: _____

Contact Name: _____

Title: _____ Phone () _____

Fax () _____ Cell Phone () _____

Email Address: _____

Printed Name: _____

Person authorizing account usage

Signature _____ Date _____

Person authorizing account usage

Reason for pass: New _____ Borrowed _____ Rental _____ Demo _____ Hauler _____

If borrowed, borrowing department: _____

Number of passes requested: _____

Must enter a **from** and to **date**

Date Effective From: _____ Date Effective To: _____

Hauler's Information:

Company Name: _____

Contact Name: _____

Title _____ Phone () _____

Fax () _____ Cell () _____

Email Address: _____



Vehicle Information

Account Number _____

Date _____

1. Name on vehicle: _____

Vehicle Type: _____

Vehicle Number: (If any) _____ Color _____

Other vehicle information: _____

2. Name on vehicle: _____

Vehicle Type: _____

Vehicle Number: (If any) _____ Color _____

Other vehicle information: _____

3. Name on vehicle: _____

Vehicle Type: _____

Vehicle Number: (If any) _____ Color _____

Other vehicle information: _____

4. Name on vehicle: _____

Vehicle Type: _____

Vehicle Number: (If any) _____ Color _____

Other vehicle information: _____

5. Name on vehicle: _____

Vehicle Type: _____

Vehicle Number: (If any) _____ Color _____

Other vehicle information: _____



Exhibit "A"

DO NOT USE MAGNETIC NUMBERS OR LETTERS OR 999 AS A VEHICLE OR CONTAINER NUMBER

The numbers in this exhibit are for demonstration only. These are not your assigned account number and vehicle number.

1. The first three numbers in the exhibit will be assigned to you when your account is setup in the system. The account number shall be **affixed, attached, or painted** on each vehicle.
2. The second three numbers are your vehicle number, which you will assign to your vehicle. The vehicle number shall be **affixed, attached, or painted** on each vehicle.
3. You will also assign a three-digit number to your container that is to be **affixed, attached, or painted** on each container.

The letter and numbers must be at least 3 inches in height and 12 inches in width (3" x 12") and **affixed, attached, or painted** on each vehicle following the example below:

1 2 3 - 4 5 6

Irrevocable Letter of Credit

BENEFICIARY: Board of County Commissioners
c/o Pinellas County Solid Waste
3095 114th Avenue North
St. Petersburg, FL 33716

APPLICANT: _____
(Name of Company)

{Local Address} {City} {State} {Zip Code}

DATE: _____ NUMBER: _____

EXPIRATION: _____
(Not Less Than One Year From Date First Above Named)

PRINCIPAL: \$ _____
(U.S. Currency)

Ladies and Gentleman:

We hereby issue our Irrevocable Letter of Credit (the "Credit") in favor of Pinellas County Board of County Commissioners/Pinellas County Solid Waste (BENEFICIARY) at the request of the APPLICANT in the amount (PRINCIPAL) of _____ for account number _____.
(Spell Out Dollar Amount)

This credit is issued to secure guarantee payment of disposal fees incurred by the APPLICANT and we engage with you that we will fully honor any draft drawn at sight under this Credit provided that certification of all disposal fees have been declared due by the Director of Solid Waste (DIRECTOR).

Notwithstanding anything herein to contrary, this Credit, shall automatically renew itself for successive terms of one (1) year from the above-stated or any future expiration date without other amendment or modification hereto unless and until,

(1) The Director receives, not less than thirty (30) days before the above-stated or any future expiration date, written notice from _____, via certified or registered mail, return receipt requested, or via a nationally recognized overnight courier, that ISSUER elects not to renew this Credit for any such additional successive terms.
(Issuer)

(2) Such draft is presented at our counters on or before _____,
{The above-stated expiration date}
or before such other extended expiration date as may result from any automatic renewal of this Credit as hereinafter set forth;

(3) Such draft is accompanied by this original Credit;

(4) Such draft is marked "Drawn under _____ (ISSUER)
{Bank's name}
Irrevocable Letter of Credit No. _____, Dated _____;
{Insert date first above named}

(5) Such draft is accompanied by either:

- (a) statement signed by the Director certifying that as of the date of such draft, the APPLICANT has failed or defaulted in payment of their account and the account balance due is over 90 days, or
- (b) a statement signed by the Director certifying that Pinellas County Solid Waste has received written notice of the ISSUER'S election not to renew this credit for an additional one (1) year term as hereinafter set forth.

In the event the Director of Solid Waste receives such notice from the ISSUER prior to the expiration of the then current term of the Credit; the Director may at any time thereafter within such then current term of this Credit draw its draft on sight at our counters for the balance of the APPLICANT'S account in accordance with the terms and conditions herein above set forth.

In the event the ISSUER fails to honor any draft of Pinellas County Solid Waste drawn under this Credit and in conformity with its terms, the ISSUER shall pay to Pinellas County in addition to any and all damages resulting from such dishonor, all attorney, witness fees, professional service fees, and court costs incurred by Pinellas County in connection with its efforts to obtain the honor of such draft, regardless of whether or not litigations ensues in relation thereto.

Very truly yours,

{Issuer}

_____, 20_____
{Date}

{Name of bank representative}

{Title of bank representative}

{Phone number} {Ext}

Stamp

Surety Bond

Bond No. _____

Effective Date _____

KNOWN ALL MEN BY THESE PRESENTS:

That we, _____ as Principal,
{Name of Company}

and whose address is _____,
{Local Address} {City} {State} {Zip Code}

and _____ as Surety,
{Surety Company}

authorized to do business in the State of _____, are held and firmly bound unto
{Surety Company's state}

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS as obligee, in the sum of

_____ (\$ _____),
{Written Amount} {Dollar amount}

payable to Pinellas County for the use and benefit of the county or any injured party, lawful money of the United States for the payment of which well and truly to be made, we, and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by the presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT:

Whereas, the above named Principal, has entered into a written agreement with PINELLAS COUNTY SOLID WASTE, as of the above **EFFECTIVE DATE** for guarantee of disposal fees which the agreement is hereby referred to and made a part hereof as if fully set forth herein:

NOW, THEREFORE, the condition of the obligation is such that if the Principal in accordance with the agreement shall well and truly keep all the terms and conditions as outlined in said agreement then this obligation shall be null and void, otherwise to remain in full force and effect.

PROVIDED, HOWEVER, this bond is executed by the Surety and accepted by the Obligee subject to the following conditions:

1. No assignment of this bond shall be effective without the written consent of the Surety.

2. This obligation may be terminated by the Surety by 30-day advanced written notice to the Obligee and such notice is to be sent by **registered mail**. Such termination shall not affect liability incurred under this obligation prior to the effective date of such termination.
3. In the event of any breach of the agreement on the part of the Principal, a written statement of the particular facts stating the nature of such breach shall be given as soon as reasonably possible by the Obligee to the Surety. The Surety shall not be obligated to perform Principal's obligation until 30 days after Surety's receipt of such statement.
4. No action, suit, or proceeding shall be had or maintained against the Surety on this bond unless the same be brought or instituted within 60 days after the termination or release of this bond.
5. Under no circumstances shall the aggregate liability of the Surety exceed the penal sum above stated.
6. This bond shall be effective from _____ 20__ to _____ 20__

IN WITNESS WHEREOF, said Principal and said Surety have caused these presents to be executed and their seals affixed this ____ day of _____, 20__.

Principal

Title _____ Phone _____

Surety BY _____

Title _____

Seal

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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or								
Employer identification number								
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends or interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.