

NEZ PERCE TRIBE WASTE COLLECTION SITE ACCOUNT APPLICATION

APPLICANT INFORMATION

Home Owner Name:

Email:

Phone:

Current physical address:

How long have you lived at your current address above?

Mailing address if different from physical:

City:

State:

ZIP Code:

Own Rent *(Please circle)*

VEHICLE INFORMATION

PUBLIC RELATION

Make:

Model:

Color:

Year:

License Plate # and state:

Your contact will be used to inform you of the Nez Perce Tribal Solid Waste Program activities.

I authorize the verification of the information provided on this form as to my account with the Nez Perce Tribe Solid Waste Program.

Signature of applicant:

Date:

Signature of spouse *(only if for a joint account)*:

Date:

*This registration is proof of your registration agreement to pay \$18 per month within the Lapwai Valley, or \$20 per month for residents outside of the Lapwai Valley area.

*The fee is for one calendar month beginning the 1st of each month, registration will be recognized to prorate billing that will be sent to your residence, only at the beginning of billing.

*This registration also shows that you are aware and accept that you will be monitored by in-person staff and camera video.

*You will continue to be billed until you provide notification to discontinue your service, a 15 day advance notification is required to discontinue services, and charges will be continued through the whole month. No refunds for partial month.

*If you do not have an account you will not be able to dump waste at the Tribe's waste collection site behind the Old BIA Building on Bus Barn Lane.

How would you like to Pay?

Circle one: CASH Payroll Deduction

NEZ PERCE WATER RESOURCES DIVISION

To: Nez Perce Tribe Finance Department

From: _____

Account # _____

Subject: Voluntary Payroll Deduction

Date: _____

Employer/Department: _____

I _____, authorize the Nez Perce Tribe Finance Department to deduct \$ _____ dollars

on a biweekly basis starting _____ (date). The amount deducted is to be remitted to the Nez Perce Tribe Solid Waste Program.

This deduction is to remain in effect unless changed or cancelled by me in writing prior to the last day of the pay period.

SIGNATURE

DATE