

PLEASE ATTACH COPY OF GRANT DEED



SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC WORKS
SOLID WASTE MANAGEMENT DIVISION
<https://dpw.sbcounty.gov/solid-waste-management/>

REQUEST FOR DISPOSAL USE PERMIT

-PLEASE PRINT CLEARLY-

Tax Assessor's Parcel No. (APN) _____
(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 Apt./Suite No.

_____ City State Zip Code

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

_____ Street/P.O. Box Apt./Suite No.

_____ City State Zip Code

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

For a new permit, *please attach a copy of your Stamped Grant Deed* and mail or fax it to:

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

Telephone: 909-386-8701

Fax: 909-386-8900

Owner's Signature (Required)

Date

-FOR OFFICE USE ONLY-

DATE OF ORDER _____

CLERK _____

Rev. 03/2015