



**REPLACEMENT PERMIT REQUEST**

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

**REQUEST FOR REPLACEMENT 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

***Fee for Replacement Permit is \$11.00*** (Please include the \$11.00 replacement fee and your Parcel No. (APN). 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:  
*San Bernardino County  
Solid Waste Management Division  
222 West Hospitality Lane, 2<sup>nd</sup> Floor  
San Bernardino, California 92415-0017*

Telephone: 909-386-8701

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

**-FOR OFFICE USE ONLY-**  
DATE OF ORDER \_\_\_\_\_ CLERK \_\_\_\_\_  
Rev. 07/2024