



REPLACEMENT PERMIT REQUEST

**SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC WORKS
SOLID WASTE MANAGEMENT DIVISION**
www.sbcounty.gov/dpw/solidwaste

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 \$12.00 *(Please include the \$12.00 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, 2nd Floor
San Bernardino, California 92415-0017*

Telephone: 1-800-722-8004

Owner's Signature

Date

-FOR OFFICE USE ONLY-

DATE OF ORDER _____	CLERK _____	_____

Rev. 03/2015