



Application to open an account at County Disposal Sites

Return to: County of Santa Cruz
701 Ocean St., Room 410
Santa Cruz, CA 95060
ATTN: Fiscal Division

Company Name: _____

Billing Address: _____

Office Location: _____
(if different)

Phone Number: _____

Email Address: _____

How would you like to receive your monthly invoice?

☐

Email

☐

USPS

Indicate which site(s) you plan to use:

☐

Ben Lomond Transfer Station
Newell Creek Rd, Ben Lomond

☐

Buena Vista Landfill
Buena Vista Dr, Watsonville

Who is authorized to use the account?

☐

Applicant Only

☐

Applicant & Drivers

CREDIT REFERENCES:

(1) Bank Where your Business Account is kept:

Name: _____ Branch: _____

Address: _____

Phone Number: _____

(2) Please Furnish two business references:

A. _____ Phone #: _____

B. _____ Phone #: _____

Estimated number of tons or cubic yards to be dumped Monthly: _____

Type of material to be disposed of: (garbage, concrete/rubble, dirt, wood waste, C&D) _____

Signature: _____ Title: _____ Date: _____

Name: _____

A minimum deposit of \$500 is required with this application. An additional deposit equal to twice the average monthly charges may be required. The deposit will be held in trust until the account is closed. Allow 10 business days for processing.

Make checks payable to: COUNTY OF SANTA CRUZ/NEW LANDFILL ACCOUNT

OFFICE USE ONLY

Deposit Date:

Deposit #:

Deposit Amount:

Date Account Closed:

Refund Amount: