



Fauquier County
Department of Environmental Services

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Warrenton, VA 20187 Fax: (540) 422-8841

Website: www.fauquiercounty.gov

Email: environmentalservicesdept@fauquiercounty.gov

- MSW - Trash (no demo loads) Soil/Concrete (Mon-Fri Only) Permit # _____
 Separated Recycling (no demo loads) Other (Specify) _____ Acct. # _____

COMMERCIAL/BUSINESS REGISTRATION

Company Name: _____ SCC#: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
(If different) Street or PO Box City State Zip

Owner Name: _____ Telephone: _____

Contact Person (if different): _____ Telephone: _____

Business Telephone Number: _____ Business Fax Number: _____

Email Address: _____ Business License No.: _____

VEHICLE INFORMATION Request a Stored TARE Weight for this vehicle (Circle) Yes No
A copy of the registration for the vehicle or trailer listed below is required.

Vehicle Type: _____ Year/Make/Model: _____

Vehicle Identification Number: _____ License Plate Number: _____

Disposal of municipal solid waste (MSW) from other jurisdictions is prohibited. Only MSW from Fauquier County is accepted. The Registration Fee of \$25.00 per permit must be paid at time of purchase by cash or check. Checks should be made payable to: "Fauquier County". (No starter or third party checks accepted). Vehicle permits expire annually on January 15th unless renewed during the annual renewal process.

NOTE: All NEW or Inactive accounts must pay by cash or check at time of disposal.
To receive credit, please complete a Credit Application which can be found on the website or by request.

I certify that I am authorized to purchase a Fauquier County Disposal Permit for the above named business and understand that if my purchasing authority has been falsified on this document I will be held personally liable for all transactions occurring though the use of this permit. By signing below I agree to all statements herein and affirm that I have read and understand all of the terms of the General Information Account Letter.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Customer ID check (staff's initials: _____)
Authorizing Signature: _____ Date: _____

WWorks: Initial _____ BR: Initial _____

Cash or Dept. Credit , Credit Application Rec'd _____ (Date) Disposal Agreement Rec'd _____