

**SULLIVAN COUNTY
DEPARTMENT OF SOLID WASTE AND RECYCLING
91 LANDFILL DRIVE
MONTICELLO, NY 12701
845.807.0290
845.807.0334**

Billing Approval/Manifest

DATE: _____ BILL TO ACCOUNT # _____

NAME ON ACCOUNT: _____

ADDRESS OF MATERIAL ORIGIN: _____

APPROVED HAULING COMPANY: _____

This form is to authorize the above named hauling company to bring material to the Sullivan County Landfill for disposal and for the County to invoice said material to the account number indicated on this form. Only ORIGINAL SIGNATURES are accepted, no photo copies please.

AUTHORIZING SIGNATURE: _____ PRINT NAME: _____

TICKET NUMBER: _____

Material: _____

** Solid Waste shall not include any radioactive, asbestos, liquids, hazardous materials, or other materials restricted by the NYSDEC and/or the Sullivan County Solid Waste Management Rules. The generator agrees to hold harmless and indemnify the County of Sullivan against all losses and claims as a result of shipment of any material not listed on the manifest. Disapproval is at the discretion of the Department of Solid Waste staff.