



3RD PARTY BILLING

Submit this form no later than the 25th of the month to ensure proper application of landfill tipping fee charges to jokuhara@kauai.gov or ebrown@kauai.gov or Fax #241-6887

TO: County of Kaua'i
Department of Public Works
Solid Waste Division
4444 Rice Street Suite 295
Lihue HI 96766
Attn: Jeanine or Jayne
Tel: #241-4840 or #241-4091

Landfill Acct # _____
FROM: Company Name _____
Authorized Signature: _____
Print Name & Title: _____
Date: _____

As the owner or duly authorized representative of the above-named company, I hereby authorize and accept full responsibility for tipping fee charges incurred by vehicles for the following transactions from:

(Company Name)

No.	DATE	TRANSACTION #	LICENSE #	TRANSFER AMOUNT
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