

CITY OF VERMILLION
25 Center Street
Vermillion, SD 57069
Phone 605-677-7056
Fax 605-677-5461

COMMERCIAL LANDFILL CREDIT APPLICATION

Business Name: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

SSN or Federal ID: _____

Phone Number: _____ Sales or Excise No. _____

Vehicle license numbers covered by this application:

List all materials to be delivered:

Questions regarding the acceptability of materials please contact the landfill directly at 605-677-7059.

I understand that charging is a privilege and that all fees are due by the 10th of the month of a 5% penalty will be assessed. If fees are unpaid by the end of the month, charging will be discontinued. I understand and will abide by all rules and regulations of the landfill.

Signature _____ Date _____

Print Name _____ Title _____