



Beltrami County Solid Waste
751 Industrial Park Dr SE
Bemidji, MN 56601
218-333-8187

APPLIANCE AFFIDAVIT

(For use when a business is disposing of an appliance for a Beltrami County Resident)

NAME: _____

ADDRESS: _____

PHONE #: _____

PROPERTY ID/PARCEL #: _____

I, _____, hereby certify that I am a Beltrami County Resident and pay a solid waste fee on my residential property tax statement. Because I pay the solid waste fee I will not be required to pay an appliance disposal cost.

Signature

Date

Name of Business: _____

Signature

Date