

BELTRAMI COUNTY SOLID WASTE APPLIANCE AFFIDAVIT

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

RESIDENT NAME: _____

RESIDENT ADDRESS: _____

RESIDENT 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.

Resident Signature

Date

Name of Business: _____

Business Signature

Date