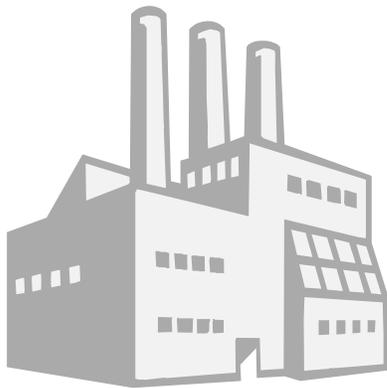


Pinellas County

ENVIRONMENT AND INFRASTRUCTURE



DIVISION OF SOLID WASTE



WASTE TO ENERGY PLANT

&



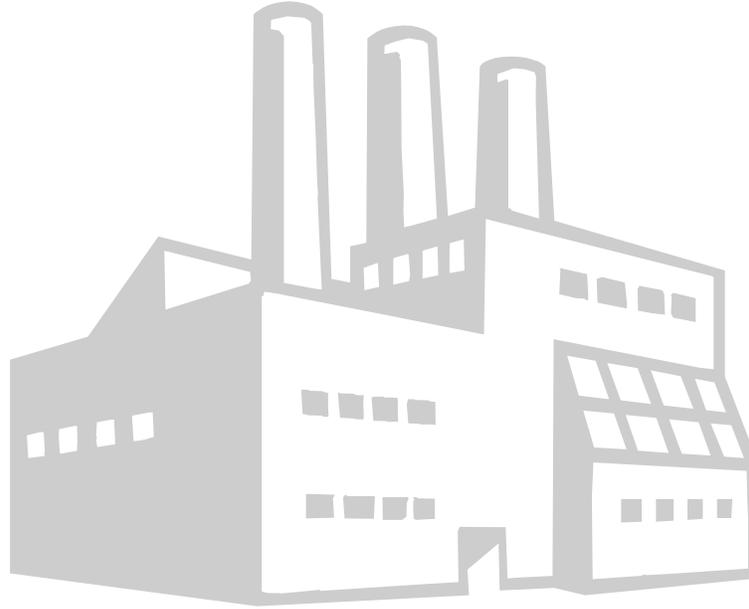
LANDFILL

Customer Information and Application Packet

3095 114th Avenue North St. Petersburg, Florida 33716-2006

www.pinellascounty.org

WASTE TO ENERGY PLANT



ADMINISTRATION (727) 464-7500 Fax (727) 464-7713
HOURS: MON – FRI 8:00A.M. – 5:00 P.M.
CLOSED SUNDAYS, ALL MAJOR AND OBSERVED HOLIDAYS

AND LANDFILL



SCALEHOUSE (727) 464-7572 Fax (727) 464-7584
HOURS: MON - FRI 6 A.M. – 6 P.M. SAT 7 A.M. – 5 P.M.
CLOSED SUNDAYS, THANKSGIVING, CHRISTMAS, AND NEW YEARS DAY



ACCOUNT INFORMATION

Cash Account – Payment is taken at the time of the transaction. This will require that the vehicles and containers weights recorded in your account.

Note: If you are required to reweigh or request to reweigh a deposit based on 50% of the gross weight will be taken.

Example: Gross weight is 8 tons. $8 \text{ tons} \times \$37.50 = \300 ; $\$300 - 150 (50\%) = \150 , this is your deposit.

Invoice Account - Requires a guarantee (escrow) method of payment. Invoices are mailed at the beginning of each month, for previous month charges. Terms are DUE UPON RECEIPT: DELINQUENT AFTER 30 DAYS.

Choose the method that best suites your operation. The initial setup (escrow) amount must equal two months of estimated disposal fees.

Example: 2 tons weekly x \$37.50 disposal fees x 4 weeks x 2 months = \$600; \$600 is 2 months of estimated disposal fees and the amount of the guarantee method.

Guarantee Methods:

1. **Deposit** – of cash, check, cashier's check, or money order, made payable **Pinellas County Solid Waste**, in a non-interest bearing account held by Pinellas County. The minimum amount of the DEPOSIT is the amount of two months estimated disposal fees.

2. **Irrevocable Letter of Credit** – contained in this packet, must be on the bank's original letterhead with the proper signatures and seals. The minimum amount of the LOC is the amount of two months estimated disposal fees.

3. **Surety Bond** -- contained in this packet, and must be on the bonding/insurance agency's original surety bond with the proper signatures and seals. The minimum amount of the SB is the amount of two months estimated disposal fees.

Disposal privileges are limited to the amount of the escrow. When the account exceeds the amount of the escrow, **the account will be placed on hold until the account is brought back to good standing.**

Web reporting - Access your account information 24/7; view your daily transactions in real time, download your transactions to Excel, reprint your monthly statement, and view your payment history. To set up access, please complete the form (contained in this packet) and submit with your application, payment or email to scalehousepay@co.pinellas.fl.us.



CUSTOMER ACCOUNT APPLICATION

OFFICE USE ONLY

Date _____ **Customer ID** _____ **Cash** _____ **Charge** _____

GUARANTEE OF PAYMENT METHODS

Deposit (Non-interest bearing account)		Irrevocable Letter of Credit (Bank)		Surety Bond (Insurance Company)	
#	\$	#	\$	#	\$

BUSINESS INFORMATION

Business name: _____

Division/DBA name: _____

Phone: _____ **Fax:** _____ **Web address:** _____

Billing address: _____

City: _____ **State:** _____ **ZIP Code:** -

Business address: _____

City: _____ **State:** _____ **ZIP Code:** -

BUSINESS CONTACT INFORMATION

Contact name: _____ **Title:** _____

Phone: _____ **Cell:** _____ **E-mail:** _____

ACCOUNTS PAYABLE CONTACT INFORMATION

Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** -

Phone: _____ **Fax:** _____ **E-mail:** _____

REGISTERED AGENT INFORMATION

Agent Name: _____ **Title:** _____

Address (No POs): _____

City: _____ **State:** _____ **ZIP Code:** -

Phone: _____ **Cell:** _____ **E-mail:** _____

VEHICLE DISPLAY

- All vehicles shall have the account number and vehicle number affixed and properly displayed on the vehicle in accordance to County Ordinance 82-594.
- All containers shall have the account number affixed and properly displayed on the container in accordance to County Ordinance 82-594.
- All vehicles and containers will be subject to a random tare (empty weight) to be performed every six months.

TARE AGREEMENT

I the undersigned _____ **on behalf of**

(Your Name)

_____ **do hereby agree to the tare**

(Company's Name)

terms and vehicle display set by Pinellas County.

Signature

Name: _____ **Title:** _____



RELEASE OF LIABILITY

I _____ do hereby agree to indemnify, defend, save harmless and release from all liability whatsoever PINELLAS COUNTY, its board members, officers, agents, employees, representatives and contractors from and against all losses and all claims, demands, payments, suits, actions, recoveries, expenses, attorney's fees, and judgments of every nature and description, including but not limited to claims for property damage and of any act of negligence or omission of the agents, representatives, contractors or employees of Pinellas County unless such agent, representatives, contractor or employee acts in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property of, or by reason of any act of PINELLAS COUNTY'S agents, representatives, officials, employees, or contractors in removing or relocating a "disable vehicle", as defined by Resolution of the BOARD OF COUNTY COMMISSIONERS governing operational rules at the PINELLAS COUNTY SOLID WASTE RESOURCE RECOVERY SYSTEM facilities.

I acknowledge and understand that this instrument waives certain rights and that I am authorized to execute same voluntarily and with full knowledge of its effect.

State/Province of _____ County/City of _____

sworn to and subscribed before me this _____ day of _____ 20____,

by _____ who is personally known to me or who has produced _____ as identification.

Signature

Name:

Title:

Printed name:

Date:

Notary Signature

Notary name:

Title:

Printed name:

Date:



ACCEPTABLE PAYMENTS

Cash, Credit Cards; Check, and Debit Cards (must have the VISA or MasterCard logo.) Card MUST BE SIGNED by the person presenting the card.

Checks – A business check or personal check made payable to **Pinellas County Solid Waste**; please include the account number on the check, located on the invoice and/or statement.

- No out of state checks.
- No starter checks.
- Must be in good standing (no returned check issues past or current).
- Business checks must have the name, address, phone, and banking information imprinted (not hand written) on the check. Person presenting the check must have **valid identification**.
- Personal checks must have the name, address, phone, and banking information imprinted (not hand written) on the checks. The signee (owner of check) with **valid identification** must be present when presenting the check.

Please Note: We are now using Telecheck which means your check will be electronically deposited to the bank.

In person – Cash, checks, money orders, cashiers checks, credit card or debit card (with appropriate logo).

Returned Check Payments – cash, cashier's check, or money order for the amount of the check plus any fees associated with the returned.

Online Payments and Payments by Phone – Not Available.

To ensure payments are received in a timely manner, mail all payments in the self-addressed envelope provided. Mailing payments to any other address other than the address below or on the return envelope will cause a delay in payment to your account and risk of suspension of services.

PINELLAS COUNTY DEPARTMENT OF ENVIRONMENT AND INFRASTRUCTURE
DIVISION OF SOLID WASTE
ATTENTION: ACCOUNTS RECEIVABLE
3095 114TH AVENUE NORTH
ST. PETERSBURG, FLORIDA 33716-2006

MUST BE ON BANK LETTERHEAD STATIONARY

_____, 20 ____

**PINELLAS COUNTY DEPARTMENT
OF ENVIRONMENT AND INFRASTRUCTURE
DIVISION OF SOLID WASTE
3095 114TH AVENUE NORTH
ST. PETERSBURG, FLORIDA 33716**

RE: Irrevocable Letter of Credit No.

Dear Sir:

We hereby issue our irrevocable Letter of Credit No. _____ in favor of the Board Of
County Commissioners at the request of _____,
(Name of Company)

(Local Address) (City) (State) (Zip Code)

in the amount of _____ Dollars \$_____.⁰⁰ and
(Spell Out) (\$0000.00)

for account number _____, available by your draft drawn at sight on us upon
certification to us that all disposal fees have been declared due by the Director of Solid Waste Division of
Pinellas County Department of Environment and Infrastructure. Drafts presented by the Director for
payment must state that it is drawn on _____, account
(Name of Bank)
number _____ for Letter of Credit No. _____,
dated _____, 20 ____.

This Institution agrees that this Letter of Credit shall remain in full force and effect and shall not be
cancelled until and unless both of the following conditions are met:

1. Thirty (30) days prior written notice by certified mail has been given by this Institution to the
Director stating its intention to cancel this letter of Credit, and
2. Receipt of a written certification from the Director stating that all disposal fees then due have
been paid by _____
(Name of Company)

We hereby agree with you that the draft drawn under and compliance with the terms of the credit shall
be duly honored upon presentation to this Institution.

Very truly yours,

BY _____
(Authorized Signature)

(Title of bank representative)

(Phone number) (Ext)



Bond No. _____

DATE _____

KNOWN ALL MEN BY THESE PRESENT that we, _____
Company's name

(hereinafter call the "Principal") and _____ duly
name of bonding company

organized under the laws of the State of _____ (hereinafter called the "Surety") are held and
Bonding Company's state

firmly bound unto _____ The Board of County Commissioners (hereinafter called the "Obligee"), in the

initial sum of _____ (\$ _____), for the payment of which sum well and
written dollar amount dollar amount

truly made, we the said Principal and the Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by the presents.

WHEREAS, pursuant to PINELLAS COUNTY DEPARTMENT OF ENVIRONMENT & INFRASTRUCTURE DIVISON OF SOLID WASTE, the "Principal" has entered into a written agreement/license (hereinafter called the "Agreement/License") with the Obligee dated _____ 20_____, for Guarantee of disposal fees which Agreement/License is hereby referred to and made a part hereof as if fully set forth herein:

NOW THEREFORE, the condition of the obligation is such that if the Principal shall well and truly keep all the terms and conditions as outlined in said Agreement/License then this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, this bond is executed by the Surety and accepted by the Obligee subject to the following conditions:

1. No assignment of this bond shall be effective without the written consent of the Surety.
2. This obligation may be terminated by the Surety by thirty (30) days advance written notice to the Obligee, such notice to be sent by registered mail. Such termination shall not affect liability incurred under this obligation prior to the effective date of such termination.
3. PROVIDED, HOWEVER, it shall be a condition precedent to any right of recovery hereunder that, in the event of any breach of the agreement on the part of the Principal, a written statement of the particular facts stating the nature of such breach shall be given as soon as reasonable possible by the Obligee to the Surety and the Surety shall not be obligated to perform Principal's obligation until thirty (30) days after Surety's receipt of such statement.
4. No action, suit or proceeding shall be had or maintained against the Surety on this bond unless the same be brought or instituted within sixty (60) days after the termination or release of this bond.
5. Under no circumstances shall the aggregate liability of the Surety exceed the penal sum above stated.
6. This bond shall be effective from _____ 20____ to _____ 20_____.

IN WITNESS WHEREOF, said Principal and said Surety have caused these presents to be executed and their seals

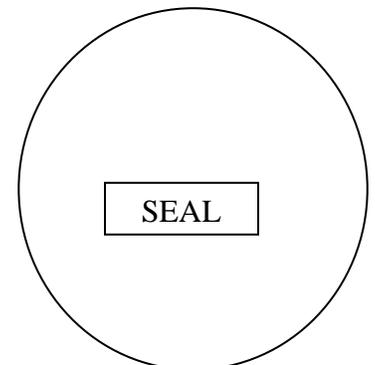
affixed this _____ day of _____, 20_____.

Principal BY _____

Title _____

Surety BY _____

Title _____



COVER YOURSELF...AND YOUR LOAD!



Pinellas County abides by a State Statute which addresses vehicle load transportation.

PROVISIONS OF FLORIDA STATUTE 316.520

- (1) A vehicle may not be driven or moved on any highway unless the vehicle is so constructed or loaded as to prevent any of its load from dropping, shifting, leaking, blowing, or otherwise escaping therefrom, except that sand may be dropped only for the purpose of securing traction or water or other substance may be sprinkled on a roadway in cleaning or maintaining the roadway.
- (2) It is the duty of every homeowner and driver, severally, of any vehicle hauling, upon any public road or highway open to the public, dirt, sand, lime rock, gravel, silica, or other similar aggregate or trash, garbage, or any similar material which could fall or blow from such vehicle, to prevent such materials from falling, blowing, or in any way escaping from such vehicle. Covering and securing the load with a close-fitting tarpaulin or other appropriate cover is required.

REASONS TO SECURE YOUR LOAD

- Litter is expensive to clean up.
- Loose or flying litter is hazardous to other vehicles near you.
- Uncovered loads are against the law.

PENALTIES

- Haulers are subject to a minimum penalty of a written warning and a maximum penalty of an \$80 fine.

INFORMATION LINE

For additional information regarding this Statute, please call the Pinellas County Sheriff's office at (727) 582-6200. Please leave your name, phone number and a brief message. A representative will return your call.





VEHICLE & CONTAINER IDENTIFICATION INFORMATION

NEW ACCOUNTS WILL BE ISSUED A TEMPORARY PASS

WE DO NOT ASSIGN NUMBERS FOR YOUR VEHICLES OR CONTAINERS

Vehicle Identification

When your account number is given to you, PERMANENTLY AFFIX the account number and vehicle number (see exhibit A) to your vehicle.

Upon initial set up of your account, you will be required to reweigh and if possible, obtain a tare weight (empty weight) for your vehicle at that time.

NO TARE WILL BE DONE UNLESS THE PROPER INFORMATION IS PROPERLY DISPLAYED ON THE VEHICLE (see exhibit A).

Container Identification

Upon initial set up of your account, you will be required to reweigh and if possible, obtain a tare weight (empty weight) for your container.

NO TARE WILL BE DONE UNLESS THE CONTAINER NUMBER IS PROPERLY DISPLAYED.

IF YOUR ACCOUNT AND VEHICLE NUMBERS ARE NOT PERMANENTLY AFFIXED OR PROPERLY DISPLAYED (SEE EXHIBIT A) ON THE VEHICLE, YOU WILL BE PROCESSED AS A NON-ACCOUNT CUSTOMER AND REQUIRED TO LEAVE A DEPOSIT.

Tares

Tare agreement, we require that the weights of your vehicles and containers updated every six months. You will be subject to tare your vehicles and containers at a minimum of two times per year.

CUSTOMERS WHO FAIL TO TARE THEIR VEHICLES WITHIN ONE HOUR WHEN REQUIRED TO DO SO, WILL BE CHARGED A \$30.00 TARE PROCESSING FEE (NO EXCEPTIONS).

Reweighs

You will be required to reweigh if the vehicle and or container do not have a valid number, at your request, or if there is a problem with the system. Otherwise, you are required to reweigh at the six month update.

CUSTOMERS WHO FAIL TO REWEIGH FORFEIT THEIR DEPOSIT AND WILL BE CHARGED THE GROSS TONNAGE

COUNTY ORDINANCE

82-594

POLICY COVERING THE DISPLAY OF AN IDENTIFICATION EMBLEM ON REFUSE VEHICLES WHICH ROUTINELY USE THE PINELLAS COUNTY SOLID WASTE DISPOSAL SYSTEM.

1. All municipal and commercial owners shall have affixed, attached, or painted on each vehicle used to transport refuse to the System, an identification emblem which conforms to the design, size, and style shown on exhibit "A" to this Resolution. A separate but similar identification emblem shall be affixed, attached, or painted on each metal container or trailer which can be handled or moved separately.
2. Location of the identification emblem shall be established to provide easy recognition by the weigh-scale attendant, while conducting the transaction. When possible, the emblem shall be placed on left front edge of the vehicle body facing forward or to the left. When such locations are not practical, the emblem may be located on the cab door just below the window. Right hand drive trucks require comparable placement on the right side of such vehicles.
3. Layout of the emblem shall be arranged to provide both owner and vehicle identification by use of a six-digit number. The first three numerals are reserved for owner identification and the second three numerals are reserved for vehicle or container identification, and a hyphen shall be inserted between the third and fourth digit.
4. The first three numerals shall be those specifically reserved for the municipality or commercial owner as assigned by the Solid Waste Division and are not transferable. Additional names with corresponding numerals will be added as circumstances require. The second three numerals used to identify a particular vehicle or container shall be supplied by the owner based on his own numbering system.

BE IT FURTHER RESOLVED that a corollary activity to the display of an identification number on refuse vehicles is the program to obtain tare weights and thus eliminate the need for re-weighing following each refuse disposal transaction. Owners can save time and expense by having each vehicle in their fleet report to the Solid Waste Entrance facility promptly on the date and time scheduled for determining the tare weight of such vehicles.

Exhibit "A"

Do not use these numbers; an account number (the first three numbers in the example) will be assigned to you upon receipt of the application and escrow. The second three or four numbers, you will assign to your vehicles. DO NOT USE MAGNETIC NUMBERS OR LETTERS

DO NOT USE 999 AS A VEHICLE OR A CONTAINER NUMBER

the letter and numbers must be at least 3 inches in height, affixed to your vehicle following the example below:

1 2 3 - 4 5 6



REQUEST FOR A TEMPORARY PASS

Please fax request prior to scheduled use of the facility to (727) 464-7713, Attention: Accounts Receivable

• PERSON AUTHORIZING ACCOUNT USAGE: DATE _____

ACCOUNT NUMBER _____

ACCOUNT NAME (PRINT) _____

CONTACT NAME (PRINT) _____ TITLE _____

PHONE () _____ FAX () _____ EMAIL ADDRESS _____

SIGNATURE _____ DATE _____

MAXIMUM 30 DAYS, NO MORE THAN 3 PASSES PER 12 MONTH PERIOD

EFFECTIVE FROM: _____ EFFECTIVE TO: _____ NUMBER OF VEHICLES _____

• COMPANY AUTHORIZED TO USE ACCOUNT:

COMPANY NAME _____ PHONE () _____

CONTACT NAME _____ TITLE _____

If borrowed vehicle, what department/company _____

• VEHICLE INFORMATION

NAME ON VEHICLE (IF APPLICABLE) _____ TYPE _____

VEHICLE NUMBER (IF APPLICABLE) _____ COLOR (IF APPLICABLE) _____

NAME ON VEHICLE (IF APPLICABLE) _____ TYPE _____

VEHICLE NUMBER (IF APPLICABLE) _____ COLOR (IF APPLICABLE) _____

NAME ON VEHICLE (IF APPLICABLE) _____ TYPE _____

VEHICLE NUMBER (IF APPLICABLE) _____ COLOR (IF APPLICABLE) _____

FOR COUNTY DEPARTMENTS:			
FUND: _____	CENTER: _____	ACCOUNT: _____	PROGRAM: _____
CONTACT NAME _____		PHONE () _____	