

CITY OF HELENA TRANSFER STATION ACCOUNT

Phone: 406-447-8082 Fax: 406-447-8083

Email: solidwaste@helenamt.gov

TRANSFER STATION ACCOUNT APPLICATION*

DATE:	
	(IFOR OFFICE USE ONLY)
BUSINESS NAME:	ACCOUNT #:
CONTACT NAME:	RAMSPRO ACCT #:
	USER #:
CONTACT #:	
BILLING CONTACT:	
NAME:	IF BILLING ADDRESS IS P.O. BOX - A PHYSICAL
ADDRESS:	ADDRESS IS REQUIRED:
PHONE #:	EMAIL:
	
Please add me to the Transfer	Station E-mail list for Closures and Special Events
BILLING CONTACT SIGNATURE	DATE

CITY OF HELENA TRANSFER STATION PRE-ACCEPTANCE AGREEMENT

The City of Helena Solid Waste Division reserves the right to inspect any load or portion of a load arriving at our facility. We will reject all prohibited wastes and any unacceptable waste as determined by our management. The following materials <u>will not be accepted</u> at the City of Helena Transfer Station:

HAZARDOUS WASTE

Wooto C:	enerator/Billing Customer Signature	Date
By signing	g below – you agree to the above terms & cor	ditions.
	commercial account; monthly statements ed upon receipt. Transfer Station minimu	will be mailed to the accountholder. Payment m charges apply.
	enerator/Customer agrees and warrants t the City of Helena Transfer Station.	nat he/she is delivering only non-regulated solid
privileges	andfill to a facility of our choice. You may S.	also lose future Transfer Station disposal
actions waddition, disposal	rill be reported to the regulatory agency of you will be required to pay for all costs as of prohibited wastes at both the City of He	elena Transfer Station and the Lewis & Clark
For curre	nt rates check our webpage, or call the Ac	lmin Office at 447-8086.
	FREON ITEMS (DOORS MUST BE REMOV	['] ED)
	MATTRESSES AND BOX SPRINGS TIRES	
The follow charged.	wing Items are Fee Items for Commercial	Customers. Per item fees and weight will be
	BULK OR LOOSE INSULATION	
	BULK OR LOOSE VERMICULITE	
	ASBESTOS	
	LIQUIDS MEDICAL WASTES	
	PCB WASTE	