

LARIMER COUNTY SOLID WASTE
SPECIAL WASTE DISPOSAL MANIFEST

TO BE COMPLETED BY GENERATOR

COMPANY NAME _____

BUSINESS ADDRESS _____

ADDRESS OF SHIPMENT ORIGIN _____
City State Zip

AUTHORIZED CONTACT _____

EMERGENCY PHONE _____

QUANTITY UNITS WASTE DESCRIPTION

I hereby certify that the above wastes were consigned to the Carrier named below and that the above waste is in compliance with all waste acceptance policies of Larimer County in effect as of this date. I further certify that any laboratory testing required prior to Larimer County's acceptance of this waste has been completed and all test results are a fair representation of the above waste. If the above waste does not meet Larimer County standards, or is not consistent with any laboratory results submitted and claimed as representative, I agree to pay any and all clean-up and removal costs associated with the above waste including any fines, attorneys' fees, disposal fees, testing fees, or any other associated costs incurred by Larimer County.

Date _____ Signature _____

Title _____

Hauler _____

(Company Name)

Received by Larimer County Landfill Date _____

Gate Attendant _____

GATE ATTENDANT RETAINS MANIFEST