



SA-10 / NSB OXBOW LANDFILL THIRD PARTY BILLING FORM

THIS FORM MUST BE SUBMITTED TO LANDFILL ATTENDANT BY THE DRIVER

Absence of this form at time of delivery to the Landfill will result in charges to the company signage on the side of truck and will be the sole responsibility of that company to bill third party for charges

THIRD PARTY INFORMATION:

COMPANY TO BE CHARGED (3rd Party): _____

AFE / PO# / Job Code: _____

MATERIAL: _____

PROJECT (If Applicable): _____

ESTIMATED DATE(S) OF DELIVERY: _____

HAULING COMPANY NAME: _____

3RD PARTY CONTACT NAME: _____

PHONE: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____

NOTE: An updated billing form must be submitted if project is not completed within 30 days

HAULER INFORMATION:

DATE OF DELIVERY: _____

HAULING COMPANY NAME: _____

HAULING COMPANY TRUCK #: _____

DRIVER'S SIGNATURE: _____