



CITY OF LARAMIE
PO BOX C
Laramie, Wyoming 82073

PHONE: (307) 721-5225
PHONE: (307) 721-5324
FAX: (307) 721-5211
ar@cityoflaramie.org

Business Landfill Use Form

Date: _____

Company Name: _____

Individual Name: _____ Title: _____

Contact Number: _____

Billing Information

Mailing Address: _____

Physical Address _____
(If Different) _____

Bill Inquiry Phone: _____ Contact Name: _____

Federal I.D. #: _____

Business History

Business Subsidiaries/Partners: _____

Years in Business: _____ or Previous Business Name: _____

Print Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____

Non-payment of services; Should the applicant not pay in a timely manner or payments go into arrears, a \$50.00 fee will be charged of the debt and the city will turn the debt over to a collections agency.

Internal Use Only
Form Written by: _____ Date: _____
H.T.E. Changes made by: _____ Date: _____