

Rockingham County
Department of Public Works
30 East Gay Street
Harrisonburg, Virginia 22801
(540) 564-3020

Landfill Account Information Form

Date

Company Name: _____

Mailing Address: _____

Telephone Number: (____)____-____ Fax Number: (____)____-____

Contact Person: _____

SSN or Federal Identification Number: ____-____-____

Requested By: _____

(For Office Use)

Account Number Assigned: _____