

City of Jurupa Valley

SELF-HAUL AFFIDAVIT

Please Print Clearly

Application Date: _____

Application No.: _____

Owner's/Resident Name: _____

Waiver Address : _____

Owner's/Resident Mailing Address: _____

Owner/Resident City, State Zip code: _____

Owner/Resident Telephone No: _____

Owner/Resident email Address: _____

Terms and Conditions of Self-Haul Option

1. Remove trash at least one time per week, as per Riverside County Ordinance 657, and haul it to an approved transfer station or landfill.
2. Save weekly receipts from the landfill as proof of use.
3. Failure to keep accurate records of receipts will be just cause to revoke the option to self-haul trash and require you to obtain weekly waste collection service from the local hauler

Name of Landfill _____

Address of landfill: _____

I have read the above terms and conditions of the Self-Haul option and agree to abide by them.

Owner/Resident's Signature

Date

Mail/Fax Completed Form to:
City of Jurupa Valley
8930 Limonite Avenue
Jurupa Valley, California 92509

For Questions Call:
Telephone: (951) 332-6464
FAX: (951) 322-6995

