



Solid Waste Management Division Disposal Access and Folio Use Authorization Form

For authorization please bring the Completed Form, Property Owner’s tax bill and photo ID, and Authorized Representative’s photo ID to an Administration building listed at a location below or to Solid Waste Administration located at 332 N. Falkenburg Rd., Tampa, Florida.

Authorizations are site specific and an additional form would need to be completed to change locations.

Please Note: Loads delivered will count towards the property owner’s annual limit of solid waste (10 cubic yards) or yard waste (5 tons). Once the limit has been reached disposal rates will apply and solid waste loads will need to be delivered to the South County or Northwest County Transfer Station or the Southeast County Landfill. Additional information regarding the disposal sites can be found at www.HCFLGov.net/SolidWaste. For additional information contact Solid Waste Management Division at **(813) 272-5680**.

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|--------------|--|--|--|---|--|
| Solid Waste: | <input type="checkbox"/> South County CCC
13000 US Hwy 41 S
Gibsonton, FL 33534 | <input type="checkbox"/> Northwest CCC
8001 N. Linebaugh Ave.
Tampa, FL 33625 | <input type="checkbox"/> Hillsborough Heights CCC
6209 County Road 579
Seffner, FL 33584
<i>(No approval authority available)</i> | <input type="checkbox"/> Alderman Ford CCC
9402 County Road 39
Lithia, FL 33598
<i>(No approval authority available)</i> | <input type="checkbox"/> Southeast County Landfill
15960 CR 672
Lithia, FL 33547 |
| Yard Waste: | <input type="checkbox"/> South County Yard Waste
13000 US Hwy 41 S
Gibsonton, FL 33534 | <input type="checkbox"/> Northwest Yard Waste
8001 N. Linebaugh Ave.
Tampa, FL 33625 | <input type="checkbox"/> Falkenburg Yard Waste
350 N. Falkenburg Rd.
Tampa, FL 33619 | | |

Property Owner’s Information:		Authorized Representative’s Information:	
Name: _____		Name: _____	
Street Address: _____		Street Address: _____	
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____	
Phone Number: _____		Phone Number: _____	
Folio Number: _____		Authorized Rep Signature: _____	
Owner’s Signature: _____			
SOLID WASTE MANAGEMENT DIVISION USE ONLY:			
<input type="checkbox"/> Valorem Taxes & Non-Ad Valorem Assessment Bill verified Authorized By* (Name/Title): _____ Authorized Signature: _____		<input type="checkbox"/> Approved Expiration Date: _____	<input type="checkbox"/> Disapproved (List reason): _____ _____

****Only Solid Waste Managers and Program Coordinators have approval authority.***