



Oswego County Department of Solid Waste

3125 State Route 3, Fulton NY 13069 - 315-591-9200 - Fax 315-591-9203

Energy Recovery Facility (ERF) Proximity Card(s) Authorized User Contract

Office Use Only

Customer ID # _____
Proximity Card # _____ (Last 4 Digits)
Sticker # _____ (Linked to card)
On Account _____
Cash / Check _____

On behalf of _____, I _____,
Company's name Individual's name

hereby acknowledge receipt of _____ Energy Recovery Facility proximity card(s). I understand that these are needed to gain access to the Energy Recovery Facility and I agree to abide to all rules and regulations regarding the use of the card(s). I understand that the(se) card(s) are non-transferable and that the person and company listed above will be held responsible for ANY charges accrued thereupon resulting from the use of the proximity card.

If the card(s) is lost or stolen, I understand myself and/or the above company must notify the Energy Recovery Facility at 315-591-9280 or the Department of Solid Waste Main office at 315-591-9210, by the next business day to deactivate the card. Failure to promptly notify the County of Oswego will make myself and the above company responsible for ANY accrued charges on the linked account due to a lapse of secure possession.

I understand each card issued will carry a processing fee of ten dollars (\$10.00), including replacement card(s). I understand that all cards remain the property of the county of Oswego and must be surrendered upon request. The county of Oswego hereby reserves the right to terminate any proximity card and / or the use of the Energy Recovery Facility for any other reason as deemed appropriate by the Director of Solid Waste Programs or his designee.

Owner/Authorized Agent (Print or Type Name)

Drivers License number

Signature

Date