

YEARLY SOLID WASTE MULTI-TENANT UPDATE

Dear Property Owner or Manager;

- RE: - Business Complex

In order to keep our records up to date and accurate, please **complete** the following form and **return** within 30 days from the date of this letter. This information is needed to accurately bill multi-tenant accounts for _____(year). If the information is not received in a timely manner, the tenants will be billed by comparison of comparable business and by previous year's history. If this method is used and you did not return this form, it will be *your* responsibility to correct the discrepancies with your tenants.

Due to the increasing number of multi-tenant buildings in Beltrami County it has become increasingly difficult to track the movement of these businesses. This information is especially important to the Beltrami County Solid Waste Program. The primary concern is the ability to accurately bill the solid waste *generators* according to usage, which keeps fees for all businesses as low as possible.

Your support and cooperation in this matter will be greatly appreciated. Questions? Call (218) 333-8105. Thank you!

Sincerely:

Kari Smith
Beltrami County Solid Waste Billing Services

Complex # _____

MULTI-TENANT BUILDING OWNERS

- 1) Name of Business Complex: _____
- 2) Waste Hauler: _____
- 3) # And Size of Dumpster(s) _____
- 4) Complex Address and # of Units: _____
- 5) Property Owner: _____
- 6) Mailing Address: _____
- 7) Telephone Number: _____
- 8) Fax Number: _____
- 9) Real Estate Tax ID Parcel Number: _____
(If parcel number is not known, please include a copy of Real Estate Tax Statement)

Complex # _____

We have included a list of the tenants we currently show in this Complex, along with the current percentages we have on file for trash generated. **If this information is not correct, or needs to be updated, please use the space provided below to make the necessary changes.** If more room is needed, please attach another sheet or use the back of this page. **Percentages of annual trash generated by all tenants sharing a dumpster should add up to 100%.** **Please indicate if a tenant has, and is responsible for, their own dumpster.**

If the information we have on file is correct, please indicate something to that effect, date, sign, and return. Thank you!

Business Name (Names of Complex's TENANTS)	Contact Person	Telephone #	Trash Hauler	% of <u>Annual</u> Trash	Who Will Pay Beltrami County Solid Waste Bill? (<u>NOT</u> Waste Mgmt Bill)

Date _____

Signature _____

Please email or mail completed forms to:

Email: kari.smith@co.beltrami.mn.us

Mail: Accounts Receivable, 751 Industrial Park Dr SE, Bemidji, MN 56601