



**SOLID WASTE COLLECTION
(HEALTH CODE §7-205)**

Name of Applicant:

Address:

Telephone:

Cell:

E-mail:

Business Name (if applicable):

Business Name (if different from above):

<input type="checkbox"/> Small Hauler (3/4 ton or less & GVW is 7,000 lbs or less) 1 year	\$35	<input type="checkbox"/> Large Hauler (GVW over 7,000 lbs) 1 year	\$100	<input type="checkbox"/> 2 or more vehicles, any size	\$100 each
<input type="checkbox"/> Small Hauler (3/4 ton or less & GVW is 7,000 lbs or less) 90 days	\$8.75	<input type="checkbox"/> Large Hauler (GVW over 7,000 lbs) 90 days	\$25	<input type="checkbox"/> Dumpster (2 cubic yards or more)	\$20 each

Check if you haul or remove debris, for hire, from yards, garages, basements, etc. and you want your name to be listed with your community association (list will be published once a year).

Applicant Name (print)

Applicant Signature

Date

LIST EACH VEHICLE

Copy of each vehicle registration must accompany application. List additional vehicles on reverse.

Type	Make	Year	Capacity/GVW	Tag No.	State

↓FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS SECTION ↓

Approved By:

Date Processed: