

APPLICATION FOR WASTE DISPOSAL FACILITY VEHICLE PERMITS

VEHICLE REGISTRATIONS MUST BE PRESENTED FOR EACH VEHICLE AT THE TIME OF APPLICATION

DATE

LAST NAME

FIRST NAME

STREET ADDRESS:

PHONE NO:

P.O. BOX:

LICENSE PLATE NO.

YEAR / MODEL

CAR / VAN / TRUCK

VEHICLE 1.

Free

VEHICLE 2.

Free

VEHICLE 3.

\$ 3.00