

OFFICE USE ONLY					
DATE FILED:					
INITIALS:					

PRIVATE SOLID WASTE OR RECYCLABLES COLLECTOR **CLK146** (rev. 11/17) City Ordinance 5.06

Fee:		First Vehicle) Each Additional	Vehicle)	Expires: June 30,				
		I request that a ces of the City of		ted in accordance to C	Chapter V, Se	ction 5.06(e) o	f the Co	de of
Estab	lishment N	ame or Individua	al:					
Addre	ess:	STREET	CITY	STATE	ZI	P	District	#:
Phone	e Number:					_ □ Business	□ Cell	□ Home
Email	Address: _			(Correspondence Will Be V	ia Email If Address	s Is Given)		
1. Nu	ımber of Ve	ehicles:						
2. Lis	st of Vehicle	es: □ Attached						
3. Pro	ovide proof	of Certificate of	Liability Insura	ance. □ Attached				
		e of Liability <u>ML</u> nosha as Addit	ional Insured	□ Notification of at (Must be stated on certificate o				
Inc	dividual/Par	tner/Member Si	gnature	Date				

Private Solid Waste or Recyclables Vehicle

PLEASE NOTE: WE MUST HAVE A CERTIFICATE OF INSURANCE ON FILE

Company:

License Number (Office Use Only)	Your Vehicle Number