

Hauled Waste Permit Application

New:

Applicant Business Nan	ne				
Business Street Addres	s				
City					
Telephone		Fax			
Mailing Address, if othe	r than the above:				
Street					
City		State		Zip	
Primary Contact		Title		Telephone	
Alternate Contact		Title		Telephone	
Vehicle Type					
Truck #					
License #					
Capacity (Gallons)					
Does your facility haul vof wastes and where the				use the space below to	o list the other types
I have personally examinformation is true, accurately Sanitary Authority and a suspension of the authority	rate and complete agree to meet them	. In addition, I am awa at all times. Failure t	are of the Hauled Was o comply with the con-	te Receiving Rules of the ditions may result in the	the Wyoming Valley e immediate
Printed Name/Title					
Signaturo			Data		