THE ALLEN COUNTY COMBINED HEALTH DISTRICT

219 East Market Street * P.O. Box 1503 * Lima, Ohio 45802-1503 Telephone 419-228-4457 * Fax 419-224-4161 www.allencountypublichealth.org

SEPTEMBER 2014 – SEPTEMBER 2015

APPLICATION FOR REGISTRATION OF SOLID WASTE COLLECTION VEHICLES

A.	Business Name:_						
	Address:						
	Phone:						
В.	Business Owner N	Name:					
	Address:						
	Phone:						
C.	List locations of c County.	wner controlled sit	es used for salva	aging, recycling	or overnight t	ruck and e	equipment parking within Allen
1							
2							
3			ne back of this				
D.	List vehicles used	l for solid waste col ake	llection within th	e Allen County (<u>Model</u>	General Health	n District. <u>Year</u>	License Plate No.
1.					 -		
2							
3							
		(Use ti	he back of this	form to list ac	lditional vel	nicles)	
E.	List all solid waste	disposal and/or dis	sposal transfer fa	cilities used with	nin the past tw	velve mon	ths
	Name of Facility			County Where Located			
1.							
2					_		
3		/lles 4b	ne back of this	form to list - 4	ditional lass	tions\	
		(USE TI	IE DACK OI LIIIS	rorini to iist ad	uitional loca	1110115 <i>)</i>	

The application form is due by October 6, 2014

Recycling and Parking Locations

Make Model Year License Plate No. D. Cont'd:	C.	Cont'd:							
		6 W							
	D.	Cont'd:							
Name of Facility County Where Located			Name of Fac	ility	County Where Located				
E. Cont'd:	E.	Cont'd:							