



Public Health
Prevent. Promote. Protect.
Greene County

Application to Haul Solid Waste

Truck ID#: _____ Date: _____

Company Name: _____

Operator Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ email: _____

Truck Year: _____ Truck Make: _____ Truck Body Type: _____

Truck License Plate #: _____ Capacity: _____

Disposal Site(s):

Site Name

Site Address

Site Name

Site Address

Please type or print all of the information requested on this page. On page 2, list each vehicle that is used in the business. Additional copies of this page may be made as needed. Mail these forms, along with the fee of \$50 per truck, to Greene County Public Health, 360 Wilson Drive, Xenia, OH 45385. Make checks payable to: Greene County Public Health

After the application has been received, each of your trucks must be inspected. It is generally expected that each truck will be brought to this office for inspection. However, firms with multiple trucks may make arrangements for inspections at their facility.

I/We hereby apply for a permit to haul solid waste in Greene County for the year 2018. I/We agree to comply with all the rules and regulations of the Greene County Board of Health in effect during the period of time for which this registration is issued. I/We further agree to dispose of garbage or rubbish at approved disposal facilities only.

Applicant: _____ Date: _____

Office Use Only

Receipt # _____ Received By: _____ Date: _____

	Truck #	License #	Type*	Capacity			Permit #	Inspection Date	Sanitarian	P/F	Comments	
1					Refuse Hauler Information	Health District Use Only						
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*Truck types: P-packer, RO-roll off, O-other