



CRAWFORD COUNTY PUBLIC HEALTH

PREVENT • PROMOTE • PROTECT



**2018
APPLICATION FOR SOLID WASTE COLLECTION REGISTRATION
CRAWFORD COUNTY**

NAME			
ADDRESS		CITY	ZIP CODE
PHONE			
NUMBER OF VEHICLES OPERATING IN CRAWFORD COUNTY			

LICENSE #	VEHICLE DESCRIPTION	ID #

The applicant agrees to comply with the regulations of Crawford County Public Health governing the hauling of solid wastes.

Signature		Date	
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APPLICATION MUST BE RECEIVED BY MAY 18, 2018

Date Received: _____ Application Approved by: _____ Date inspected: _____