

2025 Town of West Bend Leaf and Yard Waste Permit Application (\$5.00)

Name: _____ Phone: _____ owner ☐ renter ☐

Address: _____ City: _____ State: _____ Zip: _____ (Proof of residency required)

Vehicle

License Plate #: _____ Make /Model: _____ Year: _____ Color: _____

My signature verifies the following:

- I am a resident of the Town or I am a Town Taxpayer
- Permit will be used ONLY for vehicle listed/ I or a member of my household currently owns listed vehicle
- Items delivered to the Leaf and Yard Waste are generated from my own Town property
- I release the Town of West Bend, its employees & agents of any liability for negligence in the event my vehicle, my personal property, or myself are injured or damaged while on the lot.

Violators will forfeit the Permit fee & the Permit as well as be subject to a citation for illegal dumping

Signature of Applicant

Date

Office use only

Permit #2025- _____ ☐ cash ☐ Check # _____ Total Paid \$ _____ Rec'd by _____