## DEPARTMENT OF PUBLIC WORKS

Month       Day       Year       (universal) use)         Applicants Name		APPLIC	ATION	FOR	R HOL	YOKI	E REF	USE	DISF	POSA	L PEI	RMIT						
Applicants Name	Application Date	Manath		] /			]											
Property Owners Name       First       M.I.         Property Owners Name       If different from applicant         Street Address       House Number       Street         No P.O. Boxes       House Number       Street         State       Zip Code       State         Mailing Address       House No or PO Box       Street         Circle one →       House No or PO Box       Street         If same as street address leave       House No or PO Box       Street         Circle one →       House No or PO Box       Street         If same as street address leave       House No or PO Box       Street         Daytime Phone Number       -       -       -         Area Code       -       -       -         Evening Phone Number       -       -       -         Area Code       -       -       -         E-mail Address       -       -       -         The information I have provided is true and accurate. I agree to abide by the rules and regulations governing volume and the type of material accepted for disposal. I understand that failure to follow the rules will result in confiscation of this permit (card) and may include additional penalties.         Signature       Print name       Date	Applicants Name				ay		Ye	ear										
Property Owners Name       If different from applicant         Street Address       Image: street from applicant         No P.O. Boxes       House Number         Street       Street         House Number       Street         State       Zip Code         Mailing Address       House No or PO Box         Circle one →       House No or PO Box         House No or PO Box       Street         If same as street address leave       House No or PO Box         City       Image: street         If same as street address leave       House No or PO Box         State       Zip Code         Daytime Phone Number       -         Area Code       -         Evening Phone Number       -         Area Code       -         Image: Address       -         Image: Area Code       - </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>]</td> <td></td> <td></td> <td></td> <td>]</td> <td></td> <td></td>											]				]			
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No P.O. Boxes       House Number       Street         City		If different	from a	applica	ant													
City		House Nu	mber		]	Stree	et											
Image: State       Zip Code         Mailing Address       Image: State         Circle one →       House No or PO Box         Street       House No or PO Box         If same as street address leave       Image: Street         Daytime Phone Number       City         Area Code       Image: Street         Evening Phone Number       Area Code         Area Code       Image: Street         E-mail Address       Image: Street         The information I have provided is true and accurate. I agree to abide by the rules and regulations governing volume and the type of material accepted for disposal. I understand that failure to follow the rules will result in confiscation of this permit (card) and may include additional penalties.         Signature       Print name       Date         Do Not Write Below This Line       Print name       Date																		
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