

**THE COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT**  
219 E. Market Street \* P.O. Box 1503 \* Lima, Ohio 45802-1503  
Phone 419-228-4457 \* Fax 419-224-4161

**September 2007 - September 2008**

**APPLICATION FOR REGISTRATION OF SOLID WASTE COLLECTION VEHICLES**

A. Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

B. Business Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

C. List locations of owner controlled sites used for salvaging, recycling or overnight truck and equipment Parking within Allen County.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
**(Use the back of this form to list additional locations)**

D. List vehicles used for solid waste collection within the Allen County General Health District.

	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>License Plate No.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**(Use the back of this form to list additional vehicles)**

E. List all solid waste disposal and/or disposal transfer facilities used within the past twelve months.

	<u>Name of Facility</u>	<u>County Where Located</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**(Use the back of this form to list additional locations)**

Please remit the registration fee of \$30.00 for the first vehicle and \$15.00 for each additional vehicle as established in Section 2.54 of the Combined Allen County General Health District Waste Handling Regulation enclosed. Make checks payable to the Allen County Health Department. Fees are due within thirty (30) days.



