



Greene County Public Health

Melissa Howell MS, MBA, MPH, RN, REHS, Health Commissioner

Kevin L. Sharrett, MD, Medical Director

Application to Haul Solid Waste

Company Information

Company Name _____

Operator Name _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ email _____

Truck Information

Year _____ Make _____ Model/Body Type _____

Company ID # _____ License Plate # _____ Capacity _____

Disposal Site Information

Site #1 Name & Address _____

Site #2 Name & Address _____

Please type or print all the information requested on this page. On the back of this sheet, list each vehicle that is used in the business. Additional copies may be attached as needed. 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 more than ten (10) trucks may request inspections at their facility.

Applicant _____ Date _____

Office Use Only

Receipt # _____ Received By _____ Date: _____