

SWEETWATER COUNTY SOLID WASTE DISPOSAL DISTRICT NO. 1
P.O. Box 1493, Rock Springs, WY 82902-1493 (307) 352-6869 Fax (307) 352-6867

ROCK SPRINGS LANDFILL USE PERMIT

Permit No. _____

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For District Use Only

Name of Disposer: _____

Name of Hauler: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

Fax or E-Mail: _____

Fax or E-Mail: _____

Disposal Fee: _____

Type of Truck: _____

Billing Address: _____

Acct. Payable Contact: _____

Type/Description of Waste: _____

Estimated Quantity: _____

Frequency of Disposal: _____

If waste includes tires, indicate here: Yes _____

No _____

Name of Waste Generator: _____
 (Address/Location) _____

*The Operator to whom this permit is issued hereby agrees that he will comply with all rules and regulations of the District pertaining to the disposal of solid waste and that **he will be liable for and promptly pay** the District for any applicable disposal charges as noted below and for any damage done to the District property by his employees or associates.*

Applicant Signature

Date

Title (Disposer/Hauler/Other)

THIS SECTION TO BE COMPLETED BY LANDFILL PERSONNEL

Disposal Fee: IN-DISTRICT RATE: _____

Comments: _____

OUT OF DISTRICT RATE: _____

Method of Measurement: _____
 Ton BBL Other

Method of Payment: _____
 Prepayment Cash/Check/CC Invoice

Approved by: _____
 General Manager

 Date

Expires: _____

A copy of this permit shall be kept in the vehicle for which it was issued and shall be available for inspection by personnel of the District at such times as said vehicle is at the District site.

Copies: **White** - Solid Waste District **Pink** - Truck **Canary** - Scalehouse **Gold** - Applicant