

Application to Haul Waste Within  
JEFFERSON COUNTY

Jefferson County General Health District  
500 Market Street, Suite B  
Steubenville, OH 43952  
1-740-283-8535

Truck ID#: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Business ID #: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Truck Year: \_\_\_\_\_ Truck Make: \_\_\_\_\_ Truck Body Type: \_\_\_\_\_

Truck License #: \_\_\_\_\_ Capacity: \_\_\_\_\_ # of Roll Offs: \_\_\_\_\_ Fee: \_\_\_\_\_

Land Application Site: \_\_\_\_\_

I/We hereby apply for a permit to Haul SOLID WASTE in Jefferson County during the year of 2008.

I/We hereby agree to comply with the rules and regulations of the Board of Health of the Jefferson County General Health District in effect during the period of time for which this permit is issued. I/We further agree to dispose of garbage or rubbish at approved disposal areas only.

NOTE: FORM MUST BE TOTALLY COMPLETED BEFORE PERMIT WILL BE ISSUED.  
NO PERSONAL CHECKS ACCEPTED

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE)

(Office Use Only)

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_