

**GARBAGE COLLECTION / ROLL OFF PERMIT APPLICATION**

*City Of Pryor Creek*

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

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Copy of Certificate of Insurance with limits of \_\_\_\_\_ Personal and \_\_\_\_\_ Property.

Certificate shall show insurance carriers name, address, and policy number.

Must provide proof of dump site.

Number of vehicles to operate within City limits: \_\_\_\_\_

<u>Unit #</u>	<u>Year</u>	<u>Make</u>	<u>VIN #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount Due: \$600.00 per year

**OFFICE USE ONLY**

\_\_\_\_ I have checked the vehicles listed above and verify that they comply with Section 8-2-2E.

\_\_\_\_ I have checked the vehicles listed above and verify that they do not comply with Section 8-2-2E.

\_\_\_\_ I have checked the vehicles listed above and submit that the following conditions be met prior to approval for permit.

\_\_\_\_ Have proof of insurance and verified.

Additional Comments: