

**RENTAL VEHICLE ACCESS TO TRANSFER STATION**

Name of Resident \_\_\_\_\_

Address \_\_\_\_\_

Vehicle rental company \_\_\_\_\_

Vehicle description \_\_\_\_\_

Rental lease period: from (dates) \_\_\_\_\_ to \_\_\_\_\_

\*\*\*Does the vehicle meet the size restrictions? **NO LARGER THAN 7 PASSENGER VAN, PICK UP TRUCKS WITH BEDS NO LARGER THAN 4 FT. X 8 FT OR TRAILERS NO LARGER THAN 4 FT X 8 FT X 3 FT.**

Yes\_\_\_ No\_\_\_

Type of material being hauled \_\_\_\_\_

\_\_\_\_\_

Does the type of material meet the disposal requirements? \_\_\_\_yes \_\_\_\_no

**NO COMMERCIAL WASTE**

Staff person taking call \_\_\_\_\_

**TWO FORMS OF I.D. REQUIRED- DRIVERS LICENSE & UTILITY BILL**

Please Fax to Number Below

954-344-5959

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