



VEHICLE RENTAL 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 12 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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