

**APPLICATION TO HAUL WASTE
WITHIN GREENE COUNTY**

**Greene County Combined Health District
360 Wilson Drive
Xenia, OH 45385
(937) 374-5600 Fax: (937) 374-5675**

Truck ID#: _____ Date: _____

Company Name: _____

Operator Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Truck Year: _____ Truck Make: _____ Truck Body Type: _____

Truck License#: _____ Capacity: _____

Final Disposition Site: _____

I/We hereby agree to comply with the rules and regulations of the Board of Health of the Greene County Combined 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.

Signature of Operator

Date

Instructions:

- 1. Completely fill out this application**
- 2. Sign and date the application**
- 3. Submit the signed application and the appropriate fee to:**

**Greene County Combined Health District
Attn: Environmental Health Division
360 Wilson Drive
Xenia, OH 45385**