



Franklin County Public Health
 280 East Broad Street
 Columbus, Ohio 43215-4562
 (614) 525-3160
 www.myfcph.org

Solid Waste Hauler Registration Application

Solid and Infectious Waste Program

Business Name and Contact Information

Name of Company or Individual		
Name of Contact Person		
Business Address		
City	State	Zip
Phone Number	Fax Number	

Material(s) Hauled

<input type="checkbox"/> Solid Waste	<input type="checkbox"/> Construction and Demolition Debris	<input type="checkbox"/> Yard Waste	<input type="checkbox"/> Misc./Other
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\$60.00 per Vehicle (Non-Refundable)

Number of Vehicles	Total Due \$
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Please use the reverse side of this application to provide the license number, VIN, make, year, and bed type of each vehicle you want to register. Additional copies can be made to register additional vehicles.

Provide the Following

<input type="checkbox"/> Completed Registration Form (Front and Back)	<input type="checkbox"/> Payment (Cash or Check Only)
Make checks payable to: Franklin County Public Health	

Agreement and Signature

The solid waste hauler registration is valid from January 1, 2017 through December 31, 2018.	
The undersigned hereby states that he/she is an authorized representative or employee of the company listed on this registration application, and whose signature binds the company to agree to follow the terms and conditions of this registration and Franklin County Public Health Regulation 101.	
Signature	Date

For Office Use Only

Registration Years 2017-18	Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check	Receipt #	Date	Received/Reviewed By
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Vehicle List

License Plate #	Vehicle Identification Number	Make	Year	Truck/Bed Type	(Office Use Only) Sticker #
				<input type="checkbox"/> Dump <input type="checkbox"/> Pick-Up <input type="checkbox"/> Semi <input type="checkbox"/> Roll-Off <input type="checkbox"/> Packer <input type="checkbox"/> Open-Bed	
				<input type="checkbox"/> Dump <input type="checkbox"/> Pick-Up <input type="checkbox"/> Semi <input type="checkbox"/> Roll-Off <input type="checkbox"/> Packer <input type="checkbox"/> Open-Bed	
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