



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 Location

Name of Business or Individual		
Name of Contact Person	Email	
Business Address		
City	State	Zip
Office Number	Cell Number	

Mailing Address (Same as above)

Mailing Address		
City	State	Zip

\$60.00 per Vehicle (Non-Refundable)

Number of Vehicles	X \$60.00	=	Total Amount Due
			\$

Please use the reverse side of this application to provide the year, make, and manufacturer's VIN# 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, 2019 through December 31, 2020.**
 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
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For Office Use Only

Registration Years 2019-20	Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check	Receipt #	Date	Received/Reviewed By
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