## SWEETWATER COUNTY SOLID WASTE DISPOSAL DISTRICT NO. 1

P.O. Box 1493, Rock Springs, WY 82902-1493 (307) 352-6869

## ROCK SPRINGS LANDFILL USE PERMIT

			Permit No.	
			101111111111	For District Use Only
Name of Disposer:			Name of Hauler:	·
Address:			Address:	
City, State, Zip:			City, State, Zip:	
Telephone:			Telephone:	
E-Mail:			E-Mail:	
Disposal Fee:			Type of Truck:	
Billing Address:			Acct. Payable Contact:	
Type/Description of Wa	aste:			
Estimated Quantity:			Frequency of Disposal:	
If waste includes tires, indicate here: Yes			No _	
Name of Waste General (Address/Location)	ator:			
disposal charges as no	ted below and for ar		-	<b>comptly pay</b> the District for any applicable perty by his employees or associates.
Applicant Signature				Date
Title (D	hisposer/Hauler/Other)			
THIS SECTION TO	BE COMPLETED	BY LANDFILL PE	RSONNEL	
Disposal Fee:	IN-DISTRICT RAT	ΓE:	_	Comments:
OUT OF DISTRICT RATE:  Method of Measurement:		ΓΕ:		
Method of Payment:	Ton  Prepayment	BBL  Cash/Check/CC	Other	
Approved by:	General Manager		Date	
Expires:	Sonoral Managor		Dato	
	nit shall be kept in th	ne vehicle for which	n it was issued ar	nd shall be available for inspection by
	personnel of the Dis			

Pink - Truck

Canary - Scalehouse

Gold - Applicant

White - Solid Waste District

Copies: