



WINNEBAGO COUNTY HEALTH DEPARTMENT

Mail to: P.O. Box 4009 Location: 555 N Court St
Rockford, IL 61110 Rockford, IL 61103
Phone: (815)720-4100 Fax: (815)720-4203
Website: www.wchd.org E-mail: environmental@wchd.org

2019 WASTE HAULER APPLICATION
\$110.00 first vehicle - \$60.00 each additional vehicle -
\$25.00 per vehicle late charge postmarked after January 31, 2019

Business Name: _____

Business Address: _____

City/State: _____ Zip Code: _____ Business Phone #: _____

Owner's Name: _____

Owner's Address: _____

City/State: _____ Zip Code: _____ Owner's Phone #: _____

Number of total vehicles: _____

Description of vehicle(s): _____

Where are they stored when not in use? _____

Type of refuse hauled? _____

Which disposal site(s) do you use? _____ Approximately how often? _____

Best time to bring truck to the Health Department for an inspection? _____

Owners of 3 or more vehicles, best times for on site inspection? _____

Did you enclose a copy of your insurance showing that your vehicles are adequately covered (property damage \$100,000 per person and \$300,000 per accident)? Yes _____ No _____

I, the undersigned, hereby certify that the above information is correct and should any of this information change, I agree to notify the Winnebago County Health Department promptly and in writing. Furthermore, I understand and agree to abide by the requirements of the code of Winnebago County. (Chapter 70, Article I).

SIGNATURE: _____ DATE: _____

By typing your name in the signature box above, you are electronically signing this document.

FOR OFFICE USE ONLY:

Date _____ Receipt # _____
Received by _____ Permit # _____
Fee _____ Decal # _____
Cash/check # _____ Renewal? Yes _____ No _____