



Barton County Solid Waste Department - 1400 Main, Room 108 - Great Bend, KS 67530

2017 LANDFILL CREDIT PERMIT REQUEST

****Please print or type all information****

I, _____, do hereby request an Annual Permit from Barton County, to use the Municipal Solid Waste Landfill facilities for disposal of solid waste collected under the name of,

_____.

Describe vehicles operating with this permit below:

MAKE/MODEL/YEAR	TAG NUMBER	PRINCIPAL DRIVER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proof of Auto Liability Insurance: Company: _____ I.D. Number: _____

Estimated Solid Waste (tons per month): _____

Bonding Company: _____

Bank Reference NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

Business Reference NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

I DO HEREBY AGREE TO PAY ALL CHARGES IN FULL BY THE DUE DATE. Failure to do so will result in my permit being permanently revoked. By signing this permit application I am acknowledging Barton County Solid Waste Department Charging Policy and Customer Safety & Conduct Policy (attached) and agree to abide to them.

SIGNED: _____ TITLE: _____

COMPANY NAME: _____ DATE: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE NUMBER: _____

APPLICATION APPROVED BY: (LANDFILL OFFICE USE ONLY)	
NAME: _____	TITLE: _____
SIGNED: _____	DATE: _____