



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

2018 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: _____