



## RECYCLABLE MATERIALS HAULER APPLICATION DEPARTMENT OF PUBLIC SERVICES

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PLEASE PRINT OR TYPE USING BLACK INK		APPLICATION DATE	
COMPANY NAME			
COMPANY MAIN PHONE #	FAX#		
COMPANY ADDRESS	CITY	STATE	ZIP
(MAILING ADDRESS IF DIFFERENT FROM ABOVE)			
EMERGENCY/OFF HOURS PHONE NUMBER	#		
APPLICANT'S NAME			
OFFICE PHONE #	CELL P	PHONE #	
EMAIL ADDRESS:			
POSITION WITH COMPANY:			
	ABOVE INFORMATIO	ON IS TRUE AND CORRECT.	
APPLICANT'S SIGNATURE			
OFFICE USE ONLY			
APPLICATION RECEIVED BY APPLICA	ATION REVIEWED BY	APPLICATON APPROVED	YES NO
DATE PERMIT	NUMBER		