



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 PHONE #	
EMAIL ADDRESS:			
POSITION WITH COMPANY:			
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.			
APPLICANT'S SIGNATURE			

OFFICE USE ONLY			
APPLICATION RECEIVED BY _____	APPLICATION REVIEWED BY _____	APPLICATION APPROVED	YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE	PERMIT NUMBER		