



Hancock Public Health

Your Recognized Leader in Population Health

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HANCOCK COUNTY SOLID WASTE HAULER REGISTRATION

COMPANY NAME: _____

OWNER/OPERATOR NAME: _____

ADDRESS: _____ CITY: _____

ZIP CODE: _____ PHONE NUMBER: _____

MAKE OF TRUCK: _____ YEAR: _____

LICENSE PLATE NUMBER: _____ TRUCK ID: _____

1/2 TO 3/4 TON 1 TON OR OVER

TRAILER: Yes No

TRAILER LICENSE PLATE NUMBER: _____

I hereby register for a sticker to engage in the collection and removal of solid waste in the Hancock County Combined General Health District.

I agree to comply with the regulations of the Board of Health of the Hancock County Combined General Health District governing the collection and hauling of solid waste. (Section III and IV of the Hancock County Regulations governing the disposal of solid waste. State Regulation 3734.01 to 3734.99 of the Revised Code, relative to the disposal of solid wastes.)

I further agree to dispose of all material by methods approved by the Health Commissioner of Hancock County Combined General Health District.

SIGNED:	_____	DATE:	_____
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OFFICE USE ONLY	
PERMIT NUMBER:	DATE PERMIT ISSUED:
ISSUED BY: _____	