

City of Council Bluffs Refuse Collection Permit Application

Name of Applicant: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Description of Collection Vehicle(s):

Truck Number	Plate Number	Make of Vehicle	Year	Model	Vehicle Identification Number	Body Type (Packer or Roll-off)	Capacity (cubic yard)

IF ADDITIONAL SPACE IS NEEDED TO LIST COLLECTION UNITS, USE BACK OF FORM

Type of refuse to be collected: (check all that apply)

Commercial _____ Apartments _____ Industrial _____

I will be sending Monthly Report electronically Yes _____ No _____

I, the undersigned applicant, state that I have read and understand the provisions of chapter 4.12 of the Municipal Code and all other ordinances of the City of Council Bluffs, Iowa, and the laws of the State of Iowa regulation and controlling the collection and transportation of refuse within the corporate limits of the City of Council Bluffs, and do hereby agree that if issued a permit for refuse collection, I will abide with these regulations and laws. I also understand that the City of Council Bluffs will not be responsible to clean up any spillage by my units, nor any action caused or affected by me or my business.

Signature of Applicant

Date

Health Inspector

Date

**Fee: \$40/vehicle – Pickups
\$75/vehicle – All Others
Budget Code: A13401-419000**