



PERMIT NUMBER

No 005551

ST. MARY'S COUNTY
DEPARTMENT OF PUBLIC WORKS

P.O. BOX 508
CALIFORNIA, MARYLAND 20619

(301) 863-8400

RESIDENTIAL SOLID WASTE PERMIT APPLICATION

RESIDENT NAME _____ TELEPHONE NO. _____
(Please Print)

ADDRESS _____
(Street) (P.O. Box)

CITY _____ STATE _____ ZIP CODE _____

VEHICLE MODEL _____ YEAR _____ TAG NO. _____

Execution of this Application constitutes an agreement between the Resident and St. Mary's County. This Application will become the Residential Solid Waste Permit; and said resident agrees to the terms as outlined in the Rules and Regulations for Use of Solid Waste Disposal Facilities as adopted by Resolution No. 91-20. Penalties for the improper use of the Solid Waste Facilities shall include those as provided in the Solid Waste Ordinance. This Permit will expire on June 30th of each year.

DATE: _____ SIGNED: _____

PROOF OF RESIDENCY: _____

INSTRUCTIONS

- 1. APPLICATION:** This Form must be completed in duplicate. Fill in all pertinent blanks above the dotted line and sign the Application in the space provided.
- 2. PERMIT STICKER:** Permit Sticker must be **DISPLAYED ON** the lower, left-hand corner of the windshield.
- 3. DISTRIBUTION:** White Copy.....Department of Public Works. Yellow Copy with Sticker.....Resident.

NOTES

1. Use of the Solid Waste Transfer Stations is limited to **RESIDENTS OF ST. MARY'S COUNTY ONLY.**
2. Permit Stickers are **NON-TRANSFERABLE.**