

COMPACTOR/ROLL-OFF/CARDBOARD RECYCLING PERMIT APPLICATION

Application for the period of October 1, 20_____ through September 30, 20_____

PLEASE LEGIBLY PRINT ALL INFORMATION

Applicant Name: _____ Phone #: _____

Company Name:		_ Fax #:
Company Address:		
Mailing Address:		
Location(s) of Compactor and/or R	Roll-Off Container(s) within Ci	ity of Oakland Park:
I hereby make application for the f	Collowing permit(s) within the	City of Oakland Park:
TYPE OF PERMIT	ANNUAL FEES	APPLICATION FOR:
COMPACTOR CONTAINER	\$2,500.00	\$
ROLL-OFF CONTAINER	\$2,500.00	\$
CARDBOARD RECYCLING	\$ 500.00	\$
COMBINATION PERMIT	\$5,500.00	\$
	TOTAL AMOUNT DUE	\$
Signature of Applicant		Date:
RETURN THIS APPLICAT	ION WITH YOUR PAYMENT TO THE	E BUILDING & PERMITTING DIVISION IS LINE
Permit #:	Rece	ipt #:
Permit Fee Paid: \$	Date	Paid:
Permit Application Approval	Date	:



SOLID WASTE CONTRACTOR COLLECTION MONTHLY REPORTING FORM

Due by the 20th day of the following month

PLEASE LEGIBLY PRINT ALL INFORMATION AND ATTACH ALL SUPPORT DOCUMENTATION

Reporting Month and Year:	
Permittee Name:	Phone #:
Company Name:	Fax #:
Company Address:	
Mailing Address:	
MONTHLY	Y COLLECTION CAPACITY
Compactor Container Service Collection Cap	pacity:CUBIC YARDS
Roll-off Container Service Collection Capac	city:CUBIC YARDS
Cardboard Recycling Service Collection Car	pacity:CUBIC YARDS
TOTAL OF COMPACTOR AND ROLL-O	FF COLLECTION CAPACITY:
	CUBIC YARDS
\$1.50 USAGE FEE PER CUBIC YARD OF C	COMPACTOR AND ROLL-OFF SERVICE COLLECTION CAPACITY
TOTAL AMOUNT DUE TO CITY	\$
I, the undersigned, hereby certify that the all authorized by the company to certify this mosupport this monthly statement.	bove information is true and correct and that I am onthly report and all customer detail documents to
Signature	Date
Printed Name	 Title

MAIL FORM & PAYMENTS TO:

City of Oakland Park Engineering & Community Development Department 5399 N. Dixie Highway Suite #3 Oakland Park, Florida 33334