



**SOLID WASTE ASSESSMENT FEES
REGISTRATION INFORMATION
(PLEASE PRINT OR TYPE)
THIS FORM MUST BE COMPLETED IN FULL BEFORE A FINAL
INSPECTION WILL BE GRANTED**

PARCEL NUMBER: _____

BUILDING PERMIT NUMBER: _____

PROPERTY OWNER (S) NAME: _____

PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS OF PROPERTY: _____

BLOCK: _____ LOT NUMBER: _____

SUBDIVISION NAME (if applicable): _____

APPLICANT (S) NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE: _____ AMOUNT PAID: \$ _____

Please provide copies of the paid receipt to the following:

Development Services ___

Finance ___

Accounts Payable ___