

CITY OF WILLARD

CODE ENFORCEMENT

631 S. MYRTLE AVE, PO BOX 367

WILLARD, OH 44890

PH: 419 935-6555 FX: 419 935-4545

EM: CODE@WILLARDOHIO.GOV

WWW.WILLARDOHIO.GOV

City Use Only:

Date: _____

Fee: _____



GARBAGE AND RUBBISH COLLECTION LICENSE REGISTRATION

COMPANY INFORMATION:

COMPANY NAME:
OWNER'S NAME:
ADDRESS:
CITY, STATE & ZIP:
PHONE:
CELL:
EMAIL:

FEE: ANNUAL FEE IS \$50.00

VEHICLE REGISTRATION (List vehicles)

Vehicle Description	License Plate

CURRENT RESIDENTIAL RATE

Typ Monthly Container Service: \$ _____ /Month
Typ Monthly Dumpster Service: \$ _____ /Month

I hereby certify that I have read and examined this application and know the information to be true and correct. This company will comply with all provisions of the City of Willard's Ordinances, in particular section 955.

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

DATE