

WASTE COLLECTION VEHICLE REGISTRY

Registrant Name: _____

NOTES

Registrant Address: _____

Registrant Phone #: _____

Complete the following for each waste collection vehicle operated within the Town of Galen (use additional sheets if necessary)

Make	Model	Year	VIN	Plate #	Owner Name	Waste Type ¹	Load Size

¹ Use the following (all that apply):

- G (garbage)
- R (household rubbish)
- CD (construction / demolition debris)
- L (liquid waste)
- Y (yard waste)
- S (scrap metal)
- OTHER (indicate nature of waste)