

**APPLICATION FOR THE COLLECTION OF TRASH AND REFUSE WITHIN THE
VILLAGE OF CROOKSVILLE, PERRY COUNTY, OHIO IAW ORD. 2184**

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ **E-MAIL:** _____

OFFICIAL REPRESENTATIVE: _____
(Name) (Title)

FULL DESCRIPTION OF ALL EQUIPMENT TO BE USED WITHIN THE VILLAGE:

INSURANCE CARRIER: (Name, Address, & Phone Number)

AMOUNT OF LIABILITY PER OCCURRENCE:

Permit fee of \$200.00 must be submitted with this application. Completed applications, proof of Insurance and fees and a total number of customers should be mailed to : **VILLAGE OF CROOKSVILLE**

**ATTN: FISCAL OFFICER
98 S. BUCKEYE ST.
CROOKSVILLE, OH 43731**

Application must be filed with the Fiscal Officer no later than January 1st of each year.

TRASH PERMIT CHECKLIST

- ☐ Completed application
- ☐ Proof of insurance
- ☐ Number of customers serviced within the Village
- ☐ \$200 cash or check made payable to Village of Crooksville
- ☐ Submitted no later than January 1st of each year