

# 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.US  
WWW.WILLARDOHIO.US

City Use Only:

Date: \_\_\_\_\_

Fee: \_\_\_\_\_



## GARBAGE AND RUBBISH COLLECTION LICENSE REGISTRATION

### COMPANY INFORMATION:

WOULD YOU LIKE THIS INFORMATION SHARED WITH PEOPLE REQUESTING CONTRACTOR INFO?

COMPANY NAME:	<input type="checkbox"/> YES <input type="checkbox"/> NO
OWNER'S NAME:	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE & ZIP:	<input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE:	<input type="checkbox"/> YES <input type="checkbox"/> NO
CELL:	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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