



TRANSPORTER PERMIT APPLICATION AND CONTAINER REGISTRATION

Fees: \$1,000.00 Recycling Fee (Annual)
\$100.00 Per Box Per Location
\$45.00 General Business License Fee

Public Works Department
6000 Main Street SW
Lakewood, Washington 98499
Telephone: (253) 589-2489
Fax: (253) 512-2268

TRANSPORTER:

Name: _____ Phone: _____

Contact person: _____ Phone: _____
(If different than above)

Mailing Address: _____ Fax Number: _____

City/State/Zip: _____

Business License #: _____ Liability Insurance #: _____

HOLD HARMLESS AGREEMENT

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed, or I am acting as the owner's authorized agent. I further agree to hold harmless the City of Lakewood as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Lakewood, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.

Signature

Date

LOCATION REGISTRATION

CONTAINER DROP OFF LOCATION:

RECYCLE DISPOSAL LOCATION:

