

WELLS TRANSFER STATION PERMIT

APPLICATION FOR JULY 1, _____ - JUNE 30, _____

PERMIT & BAGS

DATE: _____

PERMIT NUMBER: _____

Bags: _____

PARCEL ID: _____

PROPERTY OWNER: _____

RENTER: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE # _____

EMAIL ADDRESS: _____

SECOND ROLL DATE: _____

THIRD ROLL DATE: _____

FOURTH ROLL DATE: _____

FIFTH ROLL DATE: _____

Signing below I agree to the terms of the Wells transfer station.

Signature _____ Date _____