

Crawford County General Health District

130 N. Walnut St.
Suite B
Bucyrus, Ohio 44820

W. Scott Kibler, MA, FACHE
Health Commissioner

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APPLICATION FOR REGISTRATION CERTIFICATE TO COLLECT SOLID WASTE IN CRAWFORD COUNTY FOR THE YEAR _____ .

Name of Applicant: _____

Address: _____ City: _____ Zip: _____

Phone #: _____

Number of Vehicles Operating in Crawford County: _____

License No.	Description of Vehicle	ID #	Date Insp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The applicant agrees to comply with the regulations of the Crawford County Health Department governing the hauling of solid wastes.

Date

Signature of Applicant

* This registration application must be received by January 31st.

Date Received: _____ Application Approved by: _____ Date inspected: _____