

**SWEETWATER COUNTY SOLID WASTE DISPOSAL DISTRICT NO. 1**  
**P.O. Box 1493, Rock Springs, WY 82902-1493 (307) 352-6869 Fax (307) 352-6867**

**ROCK SPRINGS LANDFILL USE PERMIT**

**Permit No.** \_\_\_\_\_

For District Use Only

Name of Disposer: \_\_\_\_\_

Name of Hauler: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax or E-Mail: \_\_\_\_\_

Fax or E-Mail: \_\_\_\_\_

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

Type of Truck: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Acct. Payable Contact: \_\_\_\_\_

Type/Description of Waste: \_\_\_\_\_

Estimated Quantity: \_\_\_\_\_

Frequency of Disposal: \_\_\_\_\_

If waste includes tires, indicate here: Yes \_\_\_\_\_

No \_\_\_\_\_

Name of Waste Generator:

(Address/Location) \_\_\_\_\_

*The Operator to whom this permit is issued hereby agrees that he will comply with all rules and regulations of the District pertaining to the disposal of solid waste and that **he will be liable for and promptly pay** the District for any applicable disposal charges as noted below and for any damage done to the District property by his employees or associates.*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title (Disposer/Hauler/Other)*

**THIS SECTION TO BE COMPLETED BY LANDFILL PERSONNEL**

Disposal Fee: IN-DISTRICT RATE: \_\_\_\_\_

Comments: \_\_\_\_\_

OUT OF DISTRICT RATE: \_\_\_\_\_

Method of Measurement: \_\_\_\_\_  
 Ton BBL Other

Method of Payment: \_\_\_\_\_  
 Prepayment Cash/Check/CC Invoice

Approved by: \_\_\_\_\_  
 General Manager

\_\_\_\_\_  
 Date

**Expires:** \_\_\_\_\_

A copy of this permit shall be kept in the vehicle for which it was issued and shall be available for inspection by personnel of the District at such times as said vehicle is at the District site.

Copies: **White** - Solid Waste District      **Pink** - Truck      **Canary** - Scalehouse      **Gold** - Applicant