

TOWN OF OMRO DUMP PASS APPLICATION FORM

Date _____

Name(s), Family

Names(s), First

Street Address from which garbage will be brought

Street Address where you live

City

State

Zip

Phone

List vehicles you wish to use for access to Town of Omro dump site:

Type (auto, van, pick-up, etc.)

License number

Type (auto, van, pick-up, etc.)

License number

Type (auto, van, pick-up, etc.)

License number

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License number