STALLION SPRINGS COMMUNITY SERVICES DISTRICT

APPLICATION FOR SOLID WASTE SITE ACCESS TAG

(PLEASE PRINT CLEARLY)

LEGAL NAME:
AS SHOWN ON YOUR DRIVERS LICENCE

LAST NAME FIRST NAME M.I.

ADDRESS:

STREET NUMBER AND NAME FOR STALLION SPRINGS

CHECK ONE: ***I AM THE OWNER OF THIS PROPERTY*** ☐ ***I AM A RENTER OF THIS PROPERTY*** ☐

MAILING ADDRESS IF DIFFERENT THAN ABOVE:

STREET NAME

CITY STATE ZIP CODE

CONTACT PHONE NUMBERS

- - HOME PHONE

- - CELL PHONE

EMAIL ADDRESS

VEHICLE INFORMATION

LICENCE PLATE # COLOR MAKE MODEL

By signing this document, I understand and agree to the following: I am a current resident or property owner in Stallion Springs. I will not bring or allow my vehicle to be used to bring waste from outside of Stallion Springs for disposal at the waste site. I, or anyone who uses my vehicle at the waste site, will abide by the rules of the Stallion Springs Community Services District Solid Waste Transfer Site. I understand that I will be solely responsible for any fines issued for failing to abide by the rules of the Stallion Springs Community Services District Solid Waste Transfer Site and/or any costs incurred due to damage caused to the waste site by me and/or my vehicle. I will receive my initial access tag at no charge, all subsequent tags will have a fee of $17.00 per tag. Only two active tags per residence are allowed at any one time. I will not remove my vehicle tag for any reason other than discontinued use of the waste site facility. I will notify the Stallion Springs Community Services District office immediately if I sell my tagged vehicle, my tagged vehicle is stolen, my tagged vehicle is no longer being used to access the waste site, I have or will be moving from the above residence.

Signature Date

Office Use Only

Paid $ _____ Notes: _____

Initial Vehicle Tag: _____

Reason for Deactivation/Replacement *Date*

Replacement Tag: _____

Reason for Deactivation/Replacement *Date*

Replacement Tag: _____

Reason for Deactivation *Date*