



# Clear Hills County Regional Landfill Access Application Form

## Resident Information

Resident Name: \_\_\_\_\_

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

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

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

## Terms & Conditions

- 1) I agree to follow the rules and regulations of the Regional Landfill.
- 2) I agree that if my status as a resident of the County changes I will no longer have access to the Regional Landfill through the County.
- 3) I agree that I will not share my Regional Landfill Access Card with anyone outside of my residence.
- 4) I acknowledge that failure to abide by these terms and conditions could result in the cancellation of my Regional Landfill Waste Disposal Access Card.

I have read and understand the terms & conditions set out above and acknowledge that the information provided on this form is complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_