

OCCEDB

Solid Waste Request Form

Form SWRF -1

03-28-2024

County Name:

Trash Cop Program – all districts must opt-in to be considered.

Should you have a specific requesting amount, please note next to the item, for example

X Chainsaw - \$2,000

District #1

District #2

District #3

__ Chipper \$ _____

__ Chipper \$ _____

__ Chipper \$ _____

__ Chainsaw \$ _____

__ Chainsaw \$ _____

__ Chainsaw \$ _____

__ Dump Roll Off/Illegal
Dump \$ _____

__ Dump Roll Off/Illegal
Dump \$ _____

__ Dump Roll Off/Illegal
Dump \$ _____

__ Trash Cop \$ _____

__ Trash Cop \$ _____

__ Trash Cop \$ _____

__ Opt. out

__ Opt. out

__ Opt. out

In Witness Whereof, the _____ County Board of County Commissioners have executed this requests and signed on _____ day.

County Commissioner

County Clerk

County Commissioner

Date

County Commissioner