



CITY OF SHREVEPORT
DEPARTMENT OF PUBLIC WORKS
SOLID WASTE DIVISION

PRIVATE HAULERS PERMIT APPLICATION

Company Information:

Name of Company: _____

Address of Company: _____

City, State, Zip: _____

Mailing Address: _____

Contact Person: _____ Telephone No.:(____)_____

Vehicle/Body Information:

Vehicle # or Tag No: _____ Permit No: _____

Vehicle Make/Model: _____ Body Make/Model: _____

Vehicle VIN: _____ Body VIN: _____

Vehicle GVWR: _____ Body Rated Capacity: _____

Note: If company intends to utilize more than one (1) vehicle to collect waste in the City and/or dispose of waste at a City owned disposal facility, please use additional sheets for each additional vehicle and attach to this application.

Note: A copy of all collection points shall be supplied to the City at time permit application is submitted for each vehicle.

Container Information: (Rolloff, Compactor, Trailer)

Size: _____ Location: _____ Permit No. _____

Note: If company intends to utilize more than four (4) containers, use additional sheets.

Sanitary Landfill Information:

State name and location of landfill where waste is to be disposed of along with facility number: Woolworth Road Regional Solid Waste Facility

D-017-1909
