



St. Joseph County Health Department

“Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents”

APPLICATION FOR HAULING OF GARBAGE / RUBBISH 20__

R.W. Chamblee Sr., M.D.
Health Officer

Nick Molchan, REHS
Administrator

Board Members

President

Connie McCahill, RN, MS

Vice President

Michael Harding

Secretary

R.W. Chamblee Sr., M.D.

Attorney

David Keckley

Jeffrey Buchs, DVM

Dale Deardorff, MD

Ernest Jankowski, MD

David Roos

Judith Schafer, RDH

227 West Jefferson Blvd
County-City Bldg., 8th floor
South Bend, IN 46601-1870
Phone (574) 235-9750
Fax (574) 235-9960

Name of Applicant: _____

Address: _____

City, State and Zip Code: _____

Phone Number: () _____

Truck License Plate Number: _____

Note: A separate application is needed for each truck that requires a permit

VEHICLE REQUIREMENTS

Section 1: No vehicle shall be used for carrying of garbage or rubbish unless it is so constructed as to prevent the sifting, dropping and falling of such materials as they are being transported.

Section 2: All garbage and rubbish being transported in St. Joseph County, Indiana, shall be kept under the uppermost level of the sideboards and tailgate of the vehicle transporting the same, unless such material is enclosed in the container. Vehicle transporting garbage and rubbish shall at all times, except when loading and unloading, be kept completely and securely covered so that no part of contents thereof shall at any time be able to scatter or be exposed to view.

Section 3: Before issuing a permit to any vehicle for the public transportation of garbage and rubbish, the Health Officer shall ascertain that such vehicle meets the requirements of his article.

I have read and will comply with the above, and will allow the St. Joseph County Health Department personnel to inspect any vehicle, at any reasonable hour, for purposes of checking my continuing compliance.

No Personal Checks Accepted. We will accept: Money orders, cashier’s checks, business checks, and Visa or MasterCard. Please Note: We are not able to process credit card transactions by phone or by mail.

Signature: _____

Name Printed: _____

Date: _____

FOR OFFICE USE ONLY!

Date Permit Issued: _____ **Issued By:** _____ **Transaction #:** _____

Total # of Trucks _____ **OF** _____