



**Public Health**  
Prevent. Promote. Protect.

Rock Island County  
Health Department

# Refuse Hauler License Application

Paid

Name of Company: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

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

List of Accounts Available?      YES       NO

Vehicle Storage Location: \_\_\_\_\_

Landfill Sites(s) Used: \_\_\_\_\_

Number of Vehicles operating in Rock Island County: \_\_\_\_\_

Type of Vehicle(s):    PACKER       ROLL-OFF

*“As part of the review process, the health authority shall be permitted to inspect all applicable vehicles and equipment utilized by the applicant” (Rock Island County, IL., Solid Waste Ordinance, Sec. 4-5-7.2, 2016).*

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

Date of Inspection:

## Vehicle Checklist/Inspection (**Health Dep. Use**)

Vehicle Type & Truck #	Proof of Ownership	Lettered on Both Sides	Watertight Box/Gaskets in Place	Broom & Shovel
1).				
2).				
3).				
4).				

