

**City of Council Bluffs  
2020 Refuse Collection  
Permit Application**

Name of Applicant: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Description of Collection Vehicle(s):

Truck Number	Plate Number	Make of Vehicle	Year	Model	Vehicle Identification Number	Body Type (Packer or Roll-off)	Capacity (cubic yard)

**IF ADDITIONAL SPACE IS NEEDED TO LIST COLLECTION UNITS, USE BACK OF FORM**

Type of refuse to be collected: (check all that apply)

Commercial \_\_\_\_\_ Apartments \_\_\_\_\_ Industrial \_\_\_\_\_

I will be sending Monthly Report electronically Yes \_\_\_\_\_ No \_\_\_\_\_

I, the undersigned applicant, state that I have read and understand the provisions of chapter 4.12 of the Municipal Code and all other ordinances of the City of Council Bluffs, Iowa, and the laws of the State of Iowa regulation and controlling the collection and transportation of refuse within the corporate limits of the City of Council Bluffs, and do hereby agree that if issued a permit for refuse collection, I will abide with these regulations and laws. I also understand that the City of Council Bluffs will not be responsible to clean up any spillage by my units, nor any action caused or affected by me or my business.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Inspector

\_\_\_\_\_  
Date

**Fee: \$40/vehicle – Pickups  
\$75/vehicle – All Others  
Budget Code: A13401-419000**

