

**Windham Solid Waste Management District  
Hauler and Property Caretaker License Application**

Return this form to: Windham Solid Waste Management District  
Attn: License Application 327 Old Ferry Rd., Brattleboro, VT 05301 – 9175  
Email: admin@windhamsolidwaste.org Phone: (802) 257-0272 Fax: (802) 257-5122  
Note: Application Forms may be photocopied or downloaded from our website:  
<http://www.windhamsolidwaste.org>

Hauler:  Annual **Renewal**, due BY JULY 31     **Modification** -Add/Delete Vehicles     **New** Application

Property Caretaker:  Annual **Renewal**, due BY JUNE 1     **Modification** -Add/Delete Vehicles     **New** Application

Name of Business: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

1. Attach a detailed description of: your variable rate pricing system and your recycling collection procedures.

2. Mark **X** next to the towns in which you provide residential solid waste collection and recycling:

Brattleboro     Brookline     Dover     Dummerston     Guilford     Halifax     Jamaica     Marlboro  
 Newfane     Putney     Readsboro     Stratton     Townshend     Vernon     Wardsboro     Westminster  
 Whitingham     Wilmington     Winhall     Other: \_\_\_\_\_     Other: \_\_\_\_\_

3. Solid waste you pick up will be transported TO: \_\_\_\_\_

4. Haulers - attach a photocopy of your current valid VT Waste Transportation Vehicle Report (WTVR) permit.

5. Property Caretakers - provide vehicle information for each vehicle to be included in your license.  
If you use more than one vehicle, attach a list with this information.

Vehicle Make & Model: \_\_\_\_\_ Registration #: \_\_\_\_\_ State: \_\_\_\_\_

Color: \_\_\_\_\_ Year: \_\_\_\_\_

Indicate the number of vehicles to be licensed with WSWMD for residential solid waste pickup:

**The Windham Solid Waste Management District decal shall be affixed to all hauler and property caretaker vehicles for viewing at private or municipally owned facilities within the WSWMD district.**

Your signature certifies that you have read the District's Ordinance for Variable Rate Pricing for Residential Solid Waste Collection and will abide by it.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Adopted March 12, 2015 For WSWMD Use:

Rec'd: \_\_\_\_/\_\_\_\_/\_\_\_\_    Approved By: \_\_\_\_\_    Mailed decal(s): \_\_\_\_/\_\_\_\_/\_\_\_\_

Hauler Name: \_\_\_\_\_

Detailed description of your variable rate pricing system: \_\_\_\_\_

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Detailed description of your recycling collection procedures: \_\_\_\_\_

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Additional vehicles or additional information: \_\_\_\_\_

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