

**REQUEST FOR AUTHORIZATION  
TO USE  
LAKE COUNTY SOLID WASTE FACILITIES**  
*Lake County Solid Waste Management District*

Vehicle License Number \_\_\_\_\_ Vehicle Description \_\_\_\_\_

Registered Owner of Vehicle \_\_\_\_\_ Phone \_\_\_\_\_

Registered Owner Mailing Address \_\_\_\_\_

Address of Your Lake County Residence/Business \_\_\_\_\_  
City ST Zip

Property Owner of Your Lake County Residence/Business \_\_\_\_\_

Tax Payer Number from Your Lake County Residence/Business (Required) \_\_\_\_\_

Location of Solid Waste Container Site Generally Used \_\_\_\_\_

**Other Comments/Explanation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request that the above vehicle be authorized to use Lake County facilities as the residence/business creating waste is within Lake County and pays for District services. I authorize the Lake County Treasurer - Motor Vehicle Office to provide vehicle ownership information to the Lake County Solidwaste Office for this purpose only.

\_\_\_\_\_  
**Signature of Registered Vehicle Owner**

\_\_\_\_\_  
**Date**

**RETURN TO:**

LAKE COUNTY SOLID WASTE DISTRICT  
36117 No. Reservoir Rd.,  
POLSON, MT 59860  
-or-  
406-883-7326 FAX

**INCOMPLETE OR ILLEGIBLE FORMS WILL BE DENIED WITHOUT REVIEW**

=====

**THE ABOVE REQUEST IS:                      APPROVED                      DENIED**

\_\_\_\_\_  
Mark Nelson  
Solid Waste Program Manager  
406-883-7323 Phone  
406-883-7326 Fax