



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

St. Joseph County Department of Health

“To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County.”

APPLICATION FOR HAULING OF GARBAGE / RUBBISH

Name of Applicant: _____

Address: _____

Phone #: () _____ Fax #: () _____ E-Mail: _____

Truck License Plate Number: _____

Note: List ALL truck License Plate Numbers above or attach a separate sheet

VEHICLE REQUIREMENTS

Section 1: No vehicle shall be used for carrying 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. Vehicles 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 license 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 Department of Health 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, Visa, MasterCard, and Discover. Please Note: We are not able to process credit card transactions by phone or by mail.

Name Printed: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY!

Date Issued: _____ Issued By: _____ Transaction #: _____ Paid: _____

Late Fee: _____

Mailed: _____ Walk-IN: _____ SR/License # _____ Total # of Trucks _____ Total Paid: _____

Please send all electronic correspondence for the Environmental Health Unit to envirohd@sjcindiana.com

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