

**Residential Self-Haul Program**  
**October 1, 2012 through September 30, 2013**  
**Application / Terms and Conditions**

Name \_\_\_\_\_ Date \_\_\_\_\_

Citrus County Mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (Day) \_\_\_\_\_

Vehicle Tag Number \_\_\_\_\_ State \_\_\_\_\_

Drivers license Number \_\_\_\_\_ State \_\_\_\_\_

Email address (optional) \_\_\_\_\_

1. Self-hauler shall use lane # 2 as indicated on the overhead sign.
2. Self-hauler shall **permanently affix the sticker** on the upper left outside corner of the windshield (driver's side) of his/her vehicle.
3. Self-hauler shall not dispose of more solid waste than eight (8) 30-gallon bags or cans allowed per week.
4. Waste must be contained in bags or cans when delivered to the Landfill and yard waste removed from the bags at time of disposal.
5. **Additional** solid waste disposal fees are due at the scale house if materials or amounts exceed eight (8) 30-gallon bags / cans. Non-bagged waste must still be weighed and is subject to normal disposal fees. Loads may be combined with the normally "free disposal" material such as, scrap metal, used oil and anti-freeze, lead acid and ni-cad batteries, fluorescent bulbs and recyclable materials.
6. Self-hauler agrees to dispose of solid waste or yard waste generated **only** from his/her residence located in Citrus County. The Residential Self-Haul Program does not allow the sharing of the disposal pass with additional residences or businesses.
7. The Residential Self-Haul Program Pass is non-transferable and non-refundable.

Replacement of Residential Self-Haul Program Pass (due to sale of vehicle or replacement of windshield) will be made at no cost, if pieces of sticker are returned.

**There will be no more than two (2) replacement stickers issued per fiscal year.**

**By purchasing a self-haul pass you acknowledge that you have read the above terms and conditions, and agree to abide by those terms.**

**Office Use Only**

Pass number \_\_\_\_\_ Amount \_\_\_\_\_ Sold By (Employee #) \_\_\_\_\_

Payment Type: Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check # \_\_\_\_\_