

**CITY OF MUSKEGO
DEPARTMENT OF FINANCE & ADMINISTRATION
W182 S8200 Racine Avenue, Post Office Box 749
Muskego, WI 53150
Phone (262) 679-4100**

APPLICATION FOR REFUSE PERMIT

License Year **July 1, 2011** through **June 30, 2012**

License Applied For:

- \$40.00 Per Truck Per Year
- \$20.00 Per Truck 30-Day Temp

Amount Received _____
Date _____
Receipt # _____
Acct.#100.01.02.00.4262(2-213)

APPLICANT NAME

PHONE

STREET ADDRESS

CITY

STATE

ZIP

TOTAL NUMBER OF TRUCKS TO BE LICENSED _____

License Number(s) of Trucks	Serial or Motor Number(s)	TAGS ISSUED/ EXPIRATION (OFFICE USE ONLY)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use Reverse Side if Additional Space is Required)

Date _____

Signature of Applicant