STALLION SPRINGS COMMUNITY SERVICES DISTRICT

APPLICATION FOR THE SOLID WASTE SITE ACCESS TAG
(PLEASE PRINT CLEARLY)

Name: _____

Address: _____

_____

Vehicle License Number: _____

Make: _____

Model: _____

Color: _____

Contact Phone Number: _____ Cell Phone: _____

Email: _____

By signing below, I agree to abide by the rules of the Stallion Springs Community Services District Solid Waste Transfer Site and understand that I am subject to a fine by failing to do so. I understand that I will receive one access tag at no charge, good for a minimum of one year. Additional Tags have a fee of $15.00 per tag. Additional tags will require a separate application, and will only be available to residents of Stallion Springs Community Services District. I understand that it is my responsibility to notify the District office immediately should I move from this residence.

_____	_____	_____
Signed	Print Name	Date
_____	_____	_____
Property Owners Name	Resident/Renter Name	Cash/Check

Office use only

Tag#_____ Phone:_____

Extra Tag:_____ Paid $_____

Resident/Renter Tag:_____ Paid $_____