

DELAWARE SOLID WASTE AUTHORITY
LETTER OF AUTHORIZATION



ACCOUNT # _____

DATE: _____

- Cherry Island Landfill
- Pine Tree Transfer Station
- Sandtown Landfill
- Milford Transfer Station
- Rt. 5 Transfer Station
- Jones Crossroads Landfill

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

TAG NUMBER/STATE: _____

COLOR: _____

YEAR: _____

MAKE _____

BODY: _____

STYLE: _____

SIGNATURE: _____

PRINTED NAME AND TITLE: _____