

STARK-TUSCARAWAS-WAYNE JOINT SOLID WASTE MANAGEMENT DISTRICT
WAIVER REQUEST APPLICATION

Please print or type.

Date: _____

Facility/District Name: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

Name of Person Completing Waiver Application: _____

Title: _____

E-Mail: _____

District Rule From Which Your Facility is Seeking a Waiver: _____

Detailed explanation stating the reason(s) your facility/district is seeking a waiver: *(Please attach a detailed explanation)*

Statement as to why this request is in the best interest of the District and how the waiver, if granted, will assist the District in the successful implementation of the District Plan: *(Please attach a detailed explanation)*

If this waiver is request due to a pre-existing contract (prior to November 6, 2006) between facility and a third party, attach a copy of the contract to this application: *(Please attach any comments)*

Signature

Date

Please return the completed ***Waiver Application*** along with the **\$250.00** application fee to:
Stark-Tuscarawas-Wayne Joint Solid Waste Management District
9918 Wilksire Blvd NE
Bolivar, Ohio 44612
Attention: David J. Held, Executive Director

If you have any questions, please contact Mr. Held at **800-678-9839** or by e-mail at **david@timetorecycle.org**.

Print Form