

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 Wilkhsire 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**.