

Solid Waste Cleanup Voucher Application

Please Type or Print Clearly

Property Location (of illegally disposed waste)			Assessor's Parcel Number (APN)	
Property Owner	Street Address	City	Zip Code	Day Phone
Authorized Agent (if different from property owner)	Street Address	City	Zip Code	Day Phone
Contractor (if applicable)	Street Address	City	Zip Code	Day Phone

Please Provide a Description of the Illegal Dumping Incident

I, The Property Owner

I, The Authorized Agent

HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. I AGREE THAT ANY ILLEGALLY DISPOSED WASTES WILL BE CLEANED TO THE SATISFACTION OF THE LOCAL ENFORCEMENT AGENCY, AND IF ISSUED A VOUCHER, ANY MISUSE MAY FOREIT MY PARTICIPATION IN THE PROGRAM AND RESULT IN NONPAYMENT BY THE COUNTY. I, THE PROPERTY OWNER OR AGENT, AUTHORIZE IMPERIAL COUNTY ENVIRONMENTAL HEALTH TO ACCESS THE PROPERTY TO INVESTIGATE THE INCIDENT.

Property Owner (Print Name)	Signature	Date
Authorized Agent (Print Name)	Signature	Date

FOR OFFICE USE ONLY

Rejected Based On the Reasons Noted Below

Approved Number of Loads _____ Pass Number _____

Property Address _____

Pass Released To	Driver License #	Pass Expiration Date
Reviewed By:	Date	

Notes