



Rusty Newton
Board Chairman

Shelby County 109 Board
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Ricky Solomon
Director of Solid Waste

Residential Verification Form For Contractor's Disposing of Brush

Date: ____/____/____

Property owner's Name:

Print: _____ Signature: _____

Address of brush removal: _____

Phone: _____

Company name removing brush: _____

Phone: _____

Address: _____

Estimated loads: _____ **Hauling Equipment:** (Check which applies)

Pickup: _____ Trailer: _____ Dump Truck: _____ Other: _____

Required

Has the contractor registered with the Occupational License office? Yes or No

If yes, Occupational License Number: _____

If no, they are **ineligible** to dump at no charge.

For Occupational License contact:

Rusty Newton: 502-633-7685 419 Washington St. Shelbyville, KY