

## TRANSPORTER PERMIT

## CITY OF LAKEWOOD – PUBLIC WORKS DEPARTMENT 6000 MAIN STREET SW LAKEWOOD, WA 98499 Office (253) 589-2489 / Fax (253) 512-2268

**Applicant:** 

Company:		Date:
Contact Person (If different than above):		Phone:
Address:		Phone:
City, State, Zip:		Fax:
Email:		
	Policy Numl	ber:
OFFICERS, OFFICIALS, EMPLOYEES ANI	LIABILITY INSURANCE PER LMC 13.06.310 D VOLUNTEERS ARE TO BE NAMED AS AI ALL BE DELIVERED TO THE CITY AT THE	DDITIONAL INSUREDS. CERTIFIED
Business License Number:		
ALL TRANSPORTERS MUST HAVE A THE CITY OF LAKEWOOD PER LMC	VALID WA STATE BUSINESS LICENS 13.06.310	E WITH AN ENDORSEMENT FROM
LOCATION REGISTRATION:		
Container Drop Off Location:		
-		
	:	
AGREEMENT:		
of my knowledge and that I am the Owner of Authorized Agent. I further agree to hold has fees incurred in investigation of such claim) of Lakewood, but only where such claim arise.	der penalty of perjury that the information fur if the premises where the work is to be performaless the City of Lakewood as to any claim which may be made by any person, including ses out of the reliance of the City, including i City as part of this application. I further agree	med, or I am acting as the Owner's (including costs, expenses and attorney's g the undersigned, and filed against the City its Officers and Employees, upon the
APPLICANT SIGNATURE:	DATE:	
	OTTY OF LAVEWOOD HEE ONLY	
Annual Registration Fee:	CITY OF LAKEWOOD USE ONLY:  Rate: \$1,000 - Annual	
Drop Box Fee:	Rate: \$100 – Per Box Per Location	Cost:
		Cost:
Total Permit Cost:		
Effective Date:	Expiration Date:	