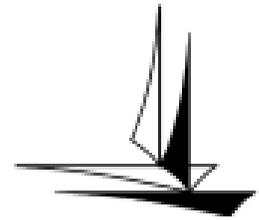


Department of Public Works
Division of Solid Waste & Recycling
 309 2nd Avenue South, Room 210
 Minneapolis MN 55401-2281
 Office (612) 673-2917
 Fax 673-2250
 TTY 673-2157

City of Minneapolis
Solid Waste and Recycling Division
Voucher Authorization Form



Instructions

The materials being disposed of **must** be generated from the property for which the voucher(s) are being issued. Items from other properties, in or outside the City, are **NOT** eligible to be disposed of with the voucher. Prior to approval of the voucher, we reserve the right to do an on-site inspection of the property to confirm that the material to be disposed of with the voucher is generated from the authorized property.

All forms not completed at Solid Waste & Recycling office must be faxed or mailed for approval. **Please call our office to confirm your Voucher Authorization Form was received and to have your voucher(s) issued.**

All required fields must be completed, or the Voucher Authorization will be deemed invalid. The Voucher Authorization **is valid only for the current year**. All voucher authorization forms must be renewed after January 1 of the following year.

For information including additional fees, call Solid Waste & Recycling at 612-673-2917.

Voucher Authorization	
I, the Utility Bill Payer, listed below, authorize the listed Name/Business to use the voucher(s) listed, as approved and assigned by the City of Minneapolis, Solid Waste & Recycling Division, for the service address listed below.	
I, the Utility Bill Payer, agree to pay for any additional fees that may occur. These fees will be added to my City of Minneapolis Utility Bill for this service address.	
* Indicates required field	
Effective Date* ___/___/2013	Expiration Date* ___/___/2013
Service Address*	
UTILITY BILL PAYER INFORMATION <i>Must match Utility Billing Records</i> *****Attach copy of Driver's License and/or State Issued ID*****	
Name *	
Daytime Phone Number *	
Signature *	Date
The person listed below is authorized to use ___ * (number) of vouchers from my account.	
Name *	
Business Name (Optional)	
Daytime Phone Number (Optional)	