

**THE ESSEX COUNTY UTILITIES AUTHORITY
Multiple Vehicles Registration Form**

Hauler Company Name:	Acct ID No:
Mailing Address:	NJ DEP PERMIT #:
Hauling for which Municipality:	

TRUCK #	<input type="checkbox"/> Add	<input type="checkbox"/> Update	<input type="checkbox"/> Delete		
Vehicle Number (VIN)	Contanier	Capacity	Decal No.	License Plate No.	State
	Y / N				
<input type="checkbox"/> Vehicle Type	<input type="checkbox"/> Roll Off	<input type="checkbox"/> Front Loader	<input type="checkbox"/> Rear Loader	<input type="checkbox"/> Compactor	<input type="checkbox"/> Transfer Trailer

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