

THE ESSEX COUNTY UTILITIES AUTHORITY
Account and Single Vehicle Registration Form

Company Name		Acct ID No.:	
Street Address			
City, State, Zip			
Billing Address			
City, State, Zip			
Business Telephone		Fax No.	
E-mail Addresses			
Contact Person	Name:	Telephone:	
24-Hr Emergency	Name:	Telephone:	
NJDEP Permit No.		Anticipated Tons per Week	

Hauler Name		Account No.:	
Vehicle Plate No.		State:	Decal No:
Vehicle Number			
Vehicle Tare Wt		Vehicle Capacity (Cuyds):	
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		
Municipal Waste Origins in Essex County by Municipal Code and Name:			

Mail completed form to:	
<input type="checkbox"/> Add	The Essex County Utilities Authority
<input type="checkbox"/> Update	155 Passaic Avenue, 4 th Floor
<input type="checkbox"/> Delete	Fairfield, NJ 07004

For Internal ECUA Use Only:			
Date Received		Planned Escrow Amount	\$
No. Vehicles Registered		Minimum Escrow Amount	\$
Account ID No.		Escrow Balance Forwarded <input type="checkbox"/>	\$
Acct Type: Private <input type="checkbox"/> Municipal <input type="checkbox"/>		Date Deposit Received	\$
NJDEP Registration Received: Original <input type="checkbox"/> Copy <input type="checkbox"/> or NJDEP Confirmation Received <input type="checkbox"/>			