

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

Company Name		Acct ID No.:	
Street Address			
City, State, Zip			
Billing Address			
City, State, Zip			
Business Telephone		Fax No.	
Contact Person	Name:	Telephone:	
E-mail Address for Billing			
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 (Cu yds):	
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. The Leroy F. Smith Public Saf. Bldg.
<input type="checkbox"/> Update	60 Nelson Place, 6 th Floor
<input type="checkbox"/> Delete	Newark, NJ 07102

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	\$

Hauler Company Name:	Acct ID No:
Mailing Address:	NJDEP PERMIT NO.:

<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete	
Vehicle Number (VIN)	Container Capacity Decal No. License Plate No. State
	Y N
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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