



Marion County Board of County Commissioners

Solid Waste

5601 SE 66th St. Ocala, FL 34480 Phone: 352-671-8465 Fax: 352-671-8491

RECYCLING CENTER NON-ASSESSED RESIDENT ANNUAL PERMIT

Please fill out this application and deliver (with required documents) to Solid Waste at the address above. Checks, cash and credit cards are accepted. Applications will be processed on site and the permit will be issued once all is verified.

Name: Last First Middle initial Phone:

Street address: City:

Mailing address: City:

Email address: Preferred recycling center:

1. A \$100 non-refundable annual fee and proof of identification is required for the purchase of the non-assessed resident annual permit. Accepted proof of identification is a valid driver's license or Department of Transportation ID with physical address (additional documents accepted if address is a P.O. Box).

2. The permit is valid from the first day of the month of purchase through the last day of the same month of purchase of the following year, regardless of what day in the month the permit was purchased (e.g., if you purchase on March 21, 2014, your permit expires April 1, 2015).

3. The permit must be displayed clearly in your windshield at all times when using any of the recycling centers.

4. The permit is transferrable to a maximum of three registered vehicles per household. A copy of vehicle registration(s) is required for each vehicle per household which may utilize the permit (submit with application).

Primary tag no.: Alternate tag no.: Alternate tag no.:

5. If your permit becomes lost, stolen or misplaced, it can be replaced in person only at the Solid Waste Administration Office.

6. Visit www.marioncountyfl.org/solidwaste for additional Solid Waste information.

Please tell us how you first heard about the recycling center permit and what prompted you to purchase one:

Handout flier Sign Conversation with staff County website Other

Comments:

FOR SOLID WASTE ADMINISTRATION USE ONLY

PERMIT NO.: REPLACEMENT PERMIT NO.: VALID THROUGH MM/YR:

CASH: CHECK NO.: CREDIT CARD NO.: EXP DATE:

PROCESSED BY: DATE:

Meeting Needs by Exceeding Expectations