



Department of Public Works

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Drying Bed Permit Application Form 1 Billing Information

Name of Agency (Permittee) _____

Agency Owner/President _____

Secondary Company _____

Agency Mailing Address _____ Agency Billing Address _____

Contact Name _____

Phone Number _____

Email Address _____

I, _____ (owner/president), understand that a Drying Bed Permit Application Form 2 (Waste Hauler Information) must be completed and submitted with required insurance documents for each agency, company or subcontractor authorized to discharge waste at Lake County Public Works receiving facilities on behalf of my agency. Furthermore, I acknowledge and agree that I shall be responsible for payment of all costs, fees and fines incurred for such discharge by my agency, my drivers and/or my subcontractors.

Signature – Owner/President

Date