



Department of Public Works

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Truck Inspection Form Drying Bed Disposal

1. Name of Company: _____
2. Owner of Company: _____
3. Billing Address: _____

4. Truck #: _____
5. License Plate #: _____
6. Make of Truck: _____
7. Color of Truck: _____
8. Driver of Truck: _____
9. Liquid Capacity: _____

**** Please attach 4 pictures of truck: front view; rear view; (R) side view; (L) side view ****
**** Each Truck in Fleet: Needs an Inspection Form Filled Out ****

Office Use Only:

1. Key pad code issued for this truck: _____
2. Key fob issued for this truck: _____