

Attachment #3 - Waste Inspection Form

PAYSON CITY LANDFILL
WASTE INSPECTION NOTIFICATION REPORT

DATE:

TIME:

INSPECTOR:

LOCATION:

HAULER	LICENSE/TRUCK #	TRANS#	VEHICLE	MATERIAL

	CONTACT	PHONE #	ADJUST (Y/N)	TIP FEE
HEALTH DEPT				
HAULER				
DISPOSER				
SCALEHOUSE				

PICTURES (Y/N)

COMMENTS