

**THE ESSEX COUNTY UTILITIES AUTHORITY  
Account and Single Vehicle 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:	
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:			

<b>Mail completed form to:</b>	
<input type="checkbox"/> Add	The Essex County Utilities Authority. The Leroy F. Smith Public Saf. Bldg.
<input type="checkbox"/> Update	60 Nelson Place, 6 <sup>th</sup> Floor
<input type="checkbox"/> Delete	Newark, NJ 07102

<b>For Internal ECUA Use Only:</b>			
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	\$

