

**2019 RESIDENTIAL WINDOW STICKER PROGRAM  
APPLICATION (1 APPLICATION PER ADDRESS)**

**Return Application to:**  
Shoshone County Solid Waste  
700 Bank Street, Ste 120  
Wallace, ID 83873  
Fax: (208) 783-5508  
Email: satkins@co.shoshone.id.us

Date: \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_  
*(Please Print)*

**Renter's Name:** \_\_\_\_\_  
*(if applicable) STICKERS WILL ONLY BE ISSUED TO THE PROPERTY OWNER OR MGMT CO.*

Please provide your current mailing address – where you would like the stickers mailed to upon approval:

\_\_\_\_\_  
**(Mailing Address) (City) (State) (Zip)**

**Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Shoshone County Residential Property Address:**  
*(If different from mailing)*

\_\_\_\_\_  
Street Address City

**Requested Stickers:** *Up to 2 stickers provided for free; Up to 2 additional stickers may be purchased at a cost of \$5.00 each. Stickers are issued for the property, not the person. If stickers have previously been issued, no additional free stickers will issued for any reason.*

Number of Stickers Requested:     1 (free)     2 (free)     3     4

Payment for Additional Stickers: \_\_\_\_\_

**Property Owner Signature:** \_\_\_\_\_

*If you have questions, please contact the Administration office of the Shoshone County Solid Waste Department at (208) 784-5190*

**Office Use Only**

Property AIN: \_\_\_\_\_ SW Fee Year: \_\_\_\_\_

Sticker #1: \_\_\_\_\_ Issued Date: \_\_\_\_\_  
Sticker #2: \_\_\_\_\_ Mailed Date: \_\_\_\_\_  
Sticker #3: \_\_\_\_\_  
Sticker #4: \_\_\_\_\_