## 2023 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: <u>transferstation@co.shoshone.id.us</u>

	Date:		
Property Owner Name:	(Please Prin	<i>t</i> )	
Renter's Name: (if applicable) STICKERS WILL ONLY	Y BE ISSUED TO T	THE PROPERTY OWN	ER OR MGMT CO.
Please provide your current mailing add	ress – where you we	ould like the stickers mail	led to upon approval:
(Mailing Address)	(City)	(State)	(Zip)
Telephone Number: ()			
Shoshone County Residential P (If different from mailing)	roperty Addres	s:	
Street Address		City	
<b>Requested Stickers:</b> <i>Up to 2 stick</i> <i>purchased at a cost of \$5.00 each. S</i> <i>stickers have previously been issued</i>	tickers are issued	for the property, not t	the person. If
Number of Stickers Requested:	$\Box$ 1 (free)	$\Box 2 \text{ (free)} \Box 3$	3 □ 4
Payment for Additional Stickers:			
Property Owner Signature:			
If you have questions, please contact th Department at (208) 784-5190	e Administration oj	fice of the Shoshone Co	unty Solid Waste
	Office Use (	Dnly	
Property AIN:		SW Fee Year:	
Sticker #1: Sticker #2: Sticker #3: Sticker #4:		Issued Date: Mailed Date:	