

TO: County of Kauai
 Department of Public Works - Solid Waste Division
 4444 Rice St. Suite #295
 Lihue, HI 96766

ATTN: Jayne or Jeanine (tel 241-4091 or 241-4840, fax 241-6887)

FROM: Contact Person/Tel # _____

Company Name _____

RE: **Notification of Change, Vehicle List**

Please make the following changes to the vehicle list under this account. Certification of cubic yard capacity and a copy of the current motor vehicle registration is attached for each vehicle to be added. In the case of deletions, it is understood that the company will continue to be responsible for any financial obligations incurred by the vehicles under our account prior to the date/time such request for deletion is received by the Department of Public Works.

ADD	DELETE	License Number Attach copy of current motor veh. registration for additions	Type of vehicle *see choices below	Cubic Yard Capacity Attach copy of certification for additions	Effective Date	For S/W Office Use Only		
						CYC Cert.	MVR	Date/Initials

*transfer trailer, truck tractor, dump truck, flatbed, rear loader, front loader, roll-off, compacted roll-off, tanker, auto, van, small trailer, farm equipment: tractor, wagon)

Please **CORRECT** the following truck information currently on file under our account:

License #	Incorrect Info	Correct Info	For S/W Office Use Only

AUTHORIZED BY:

_____ Print or type name and title

_____ Signature

_____ Date

For Office Use Only

Received: Date/Time: _____

By: _____

Comments: _____