

6. List all claims, suits or other actions pending against you (or if applicant is a corporation, then the corporation) for personal injuries or property damage arising out of the operation of the vehicles and equipment the applicant proposes to use, together with the amount of such claim and the status thereof:

7. List the nature and character of service you propose to render:

8. List the proposed destination of refuse: _____

9. The total number of non-exempt refuse containers the applicant desires to utilize within the corporate limits of the City of Austin:

SIZE	QUANTITY	SIZE	QUANTITY

10. Remarks: _____

11. This application shall not be complete until the City Manager or the City Manager's designee signs below for acceptance of the certificate of insurance required by Chapter 15-6, Section 53 of the Austin City Code recodification.

(a) Name of general and commercial auto liability insurance company:

(b) Certificate of Insurance attached: Yes No

Please supply a reason if the 'no' box is checked and date it will be sent:

This section to be completed by the City of Austin after receipt of application.

City of Austin Manager or Designee

Date

Acceptance of the said contained private hauler applicant's certificate of insurance.

I do hereby certify that all statements and representations contained in the foregoing application are true, correct and complete.

Date

Applicant

THE STATE OF TEXAS §

§

COUNTY OF TRAVIS §

BEFORE ME, the undersigned authority, on this day personally appeared

_____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this ____ day of _____ 20 ____

Notary Public in and for _____ County, Texas