



Rusty Newton
Board Chairman

Shelby County 109 Board

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Ricky Solomon
Director of Solid Waste

**Residential Verification Form
For Contractor's Disposing of Brush**

Date: ____ / ____ / ____

Property owner's Name: _____

Address of brush removal: _____

Phone: _____

Company name removing brush: _____

Phone: _____

Address: _____

Has the contractor registered with the Occupational License office? _____

Estimated loads: _____

Hauling Equipment: (Check which applies)

Pickup: _____

Trailer: _____

Dump Truck: _____

Other: _____