



City of Milwaukee Property Ownership Form

Admittance to City of Milwaukee Drop Off Centers

Issue Date		Expiration Date	
Name:			
Address:			
City:	State:	ZIP Code:	
City of Milwaukee Property Address (list all)			
Address:		ZIP Code:	
Tax Key:			
Address:		ZIP Code:	
Tax Key:			
Address:		ZIP Code:	
Tax Key:			
Address:		ZIP Code:	
Tax Key:			
Address:		ZIP Code:	
Tax Key:			
Representatives to be allowed access to Drop Off Centers (Limit three)			
Name:			
Driver License #:			
Vehicle Plate #:			
Name:			
Driver License #:			
Vehicle Plate #:			
Name:			
Driver License #:			
Vehicle Plate #:			
Present this form to yard attendant along with proof of identification to be allowed entry.			
Load size is determined by staff and is non-negotiable. Staff reserves the right to deny access to the Drop Off Centers depending on load, vehicle type, or conduct.			
Office Use Only			
Authorized by:		Date:	
<i>Supervisor Signature</i>			