

Landscaper Leaf Drop Off
Dump Slip

Permit Number:

2		-			
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Date: _____

Landscaper Name: _____

Address of Leaf Generation:

1. _____
2. _____
3. _____
4. _____
5. _____

Capacity of Vehicle: **Full** **3/4** **1/2** **1/4**

I certify that this load is comprised of leaves from a property in Fair Lawn only. I also certify that this load is clear of debris and other unauthorized materials as per the rules and regulations stated in RGO 204-20.

Signature of Owner / Employee

Print Name of Signator

Office Use Only: Cubic Yards dumped this load: _____ Initials: _____
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