

**Borough of Fair Lawn**  
**Landscaper Leaf Drop Off Application**

Date: _____	Permit Number Issued: _____	Receipt Number: _____
Check Number: _____	Amount: \$ _____	Initials: _____

**Landscaper Information:**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fed Tax ID # or Social Security Number: \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

**Vehicle Information:**

Make (Ford, Chevy, Etc.): \_\_\_\_\_ Model: \_\_\_\_\_

Color of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Registration Exp: \_\_\_\_\_

Storage Capacity of Vehicle in Cubic Yards: \_\_\_\_\_ Insurance Exp: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

**Statement of Fact:**

*I, the undersigned, state that all of the above facts are true to the best of my knowledge and that I agree to follow all rules and regulations as set forth by the Borough Manager and/or the Borough Manager's designated agents per RGO 204-20 (Recycling Program ordinance). I acknowledge receipt of a copy of the rules and regulations. I also understand that if adherence to these rules and regulations is not performed by my company or any employee, I will lose the privilege to hold a permit and said permit may be revoked at any time without refund, in addition to the penalties enumerated in RGO 204-20 including a fine of at least \$500., imprisonment of up to 90 days and/or community service of up to 90 days. I agree that my company and its agents and employees will only deliver leaves to the Fair Lawn Recycling facility that are collected in Fair Lawn. I certify the above under penalty for perjury if my statement is willfully false.*

\_\_\_\_\_  
Owner or Designee's Driver's License Number

\_\_\_\_\_  
Owner or Designee's Signature

\_\_\_\_\_  
Date  
Revised 10/2020

\_\_\_\_\_  
Owner or Designee's Name Printed (same as signed above)

**Borough of Fair Lawn**  
Landscaper Leaf Drop Off Application  
Additional Vehicles - \$100 each

**Landscaper Information:**

Name of Business: \_\_\_\_\_

**#2 - Vehicle Information:**

Make (Ford, Chevy, Etc.): \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_

Model: \_\_\_\_\_

Color of Vehicle: \_\_\_\_\_

Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Registration Exp: \_\_\_\_\_

Storage Capacity of Vehicle in Cubic Yards: \_\_\_\_\_

Insurance Exp: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

**#3 - Vehicle Information:**

Make (Ford, Chevy, Etc.): \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_

Model: \_\_\_\_\_

Color of Vehicle: \_\_\_\_\_

Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Registration Exp: \_\_\_\_\_

Storage Capacity of Vehicle in Cubic Yards: \_\_\_\_\_

Insurance Exp: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

**#4 - Vehicle Information:**

Make (Ford, Chevy, Etc.): \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_

Model: \_\_\_\_\_

Color of Vehicle: \_\_\_\_\_

Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Registration Exp: \_\_\_\_\_

Storage Capacity of Vehicle in Cubic Yards: \_\_\_\_\_

Insurance Exp: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_