Landscaper Leaf Drop Off
Dump Slip

Permit Number: (20- ) 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:__________