

HIGHWAY DEPARTMENT
TOWN OF NEW CANAAN
LEAF COMPOST PILE

GOOD FOR THIS DATE ONLY

NEW CANAAN TAX PAYER'S NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

DESCRIPTION OF MATERIAL - LEAVES ONLY

I CERTIFY THAT THE LEAVES CAME FROM :

STREET ADDRESS _____, **NEW CANAAN, CT**

TAX PAYER'S SIGNATURE _____ (**SEE WARNING BELOW**)

CONTRACTOR'S NAME (PLEASE PRINT) _____

CONTRACTOR'S AUTHORIZED REPRESENTATIVE NAME (PLEASE PRINT) _____

REP. SIGNATURE _____ (**SEE WARNING BELOW**)

CONTRACTOR'S ADDRESS _____ **STREET**

_____ **TOWN**

TELEPHONE _____

LICENSE PLATE NUMBER _____

WARNING

THE TOWN LEAF COMPOSTING FACILITY IS INTENDED TO SERVE THE TAX PAYER'S OF THE TOWN OF NEW CANAAN. ANY CONTRACTOR (OR ANY TAXPAYER) FALSIFYING THE ORIGIN OF THE LEAVES WILL BE BANNED FROM THE FACILITY FOR A PERIOD OF TIME TO BE DETERMINED BY THE DIRECTOR OF PUBLIC WORKS. ALSO, THE INFORMATION PROVIDED ABOVE IS SUBJECT TO VERIFICATION ON A RANDOM CHECK BASIS.