

TOWNSHIP OF DELANCO

PUBLIC WORKS DEPARTMENT

John Fenimore, Superintendent

856-461-6969

REQUEST FOR COMPOST

DATE: _____

ALL REQUESTS MUST BE APPROVED BY THE SUPERINTENDENT OF PUBLIC WORKS PRIOR TO BEING SCHEDULED.

YOU WILL BE NOTIFIED AS SOON AS YOUR REQUEST HAS BEEN APPROVED.

REQUESTED BY: _____ **PHONE #** _____ **UnListed** _____ **Listed** _____

ADDRESS: _____

FEE MUST BE PAID ONE WEEK PRIOR TO THE DELIVERY DATE

COMPOST _____ **(leaves)**

FEE: \$6.00 PER YARD **NUMBER OF YARDS REQUESTED:** _____

AMOUNT: _____ **DATE PAID:** _____

CASH _____ **CHECK** _____ **ORDER RECEIVED BY MAIL** _____

LOCATION WHERE MATERIAL IS TO BE DROPPED OFF (BE SPECIFIC, PLEASE):

Drop off time will be between 7:00 AM and 3:30 PM Monday through Friday. Your delivery will be made by truck and will only be placed in areas that are accessible by truck. Deliveries to areas of your property that will require the truck to drive on soft ground, or result in damage to your property or our equipment are strictly prohibited. All deliveries will be at the discretion of the driver and if we are unable to make the delivery your money will be refunded.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

DATE DELIVERED: _____

REFUND APPROVED: _____ **DATE:** _____

PUBLIC WORKS FOLDER\COMPOST 3-5-98