

Highway Department

Town of New Canaan

LEAF COMPOST PILE

Good for this day only

New Canaan Taxpayer's Name _____

Address _____

Telephone Number _____

Description of materials – Leaves only

I Certify that the leaves came from:

Street Address _____ **,New Canaan**

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 tax payer) 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.