

**Landscaper Leaf Drop Off**  
Dump Slip

Permit Number: ( - )

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: _____
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