



Yard Waste Drop-off Request Form

Resident Name: _____

Telephone number: _____

Address: _____

Contractor Name: _____

Telephone number: _____

Contact Name: _____

I certify that I am a Susquehanna Township resident. I request use by the above listed contractor to utilize the compost facility to dispose of my personal yard waste. I understand that the yard waste must contain only acceptable material and the contractor must comply with all local, state, federal and facility requirements. I understand the compost facility may refuse the yard waste if the contractor does not meet requirements or it contains any unacceptable materials. I also understand that the contractor will be charged a tipping fee to dispose of the yard waste at the facility.

Signature

Date