

TOWN OF MANCHESTER LANDFILL
COMMERCIAL WASTE DISPOSAL FORM



DATE: _____ TRANSPORTER NAME: _____

LANDFILL PERMIT # _____ ADDRESS: _____

CONTACT NAME: _____ PHONE# : _____

GENERATOR SITE NAME: _____

SITE ADDRESS: _____

TOWN _____ STATE _____

MATERIAL DESCRIPTION: (e.g. appliances, asphalt, brick, bulky waste, cardboard, concrete, demolition waste, doors, furniture, grass, leaves, lumber, metal, railroad ties, scrap metal, sheetrock, shingles, siding, sinks, stumps, telephone poles, toilets, windows, wood/brush, wood chips, wood pilings, etc.)

PER ITEM CHARGES:

MATTRESS/BOXSPRING # _____ TIRES (off rim) # _____ TIRES (on rim) # _____

PROPANE TANKS # _____ REFRIGERATOR/FREEZER # _____ TELEVISIONS # _____

COMPUTERS # _____ COMPUTER MONITORS # _____ LAPTOPS # _____ PRINTERS # _____

THE FOLLOWING MATERIALS REQUIRE AN ADDITIONAL MANIFEST AND PRIOR AUTHORIZATION TO DISPOSE OF MATERIAL IN THE LANDFILL:

NON FRIABLE ASBESTOS, CONTAMINATED SOIL AND SPECIAL WASTES

I certify that the information provided above is correct to the best of my knowledge.

Transporter Authorized Signature: _____

Print Name: _____ Date: _____