



LEXINGTON COMPOST FACILITY

60 Hartwell Avenue, Lexington MA

YARD WASTE DISPOSAL

2011 CONTRACTOR'S PERMIT REGISTRATION (orange) FORM

Section 1: To Be Completed by Contractor

Drivers Name: _____

Company: _____

Address: _____

Business Phone #: _____

Cell Phone #: _____

Vehicle License Plate #: _____

Section 2: To Be Compost Site Attendant

(Formula: $L \times W \times H / 27 = \text{Total Cubic Yard Capacity}$)

Length:	<input type="text"/>	=	Total:	<input type="text"/>
	X			Divided by 27
Width:	<input type="text"/>			↓
	X		<input type="text"/>	Total Cubic Yard Capacity
Height:	<input type="text"/>			

Attendant's Signature: _____

Comments: _____

Section 3: For Office Use Only

Cubic Yard Capacity: _____

Sticker #: _____

Effective Through: **Dec. 16, 2011**

Amount Paid: _____

Date: _____

Initials: _____