



Town of Wallingford, Connecticut

**REGISTRATION FORM
FOR HAULER/LANDSCAPER USE OF COMPOST CENTER**

HAULER/LANDSCAPER: _____

ADDRESS: _____

PHONE: _____

SOURCE OF LEAVES:

NAME	ADDRESS	PHONE

QUANTITY: **LEAVES:** _____ yd³

HOURS OF OPERATION

January 16 – March 15:	CLOSED
March 16 – March 31:	Monday, Thursday, and Saturday, 8 a.m. – 4 p.m.
April 1 – November 30:	Monday, Tuesday, Wednesday and Friday, 8 a.m. – 3 p.m. Thursday, 8 a.m. – 5 p.m. Saturday, 8 a.m. – 2 p.m.
December 1 – January 15:	Monday, Thursday, and Saturday, 8 a.m. – 4 p.m.

LEAVES ONLY

NO GRASS

NO TRASH

I hereby certify that this load is from Town of Wallingford residential properties as listed above.

Date

Signature