



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, bulky waste, cardboard, construction & demolition waste, doors, furniture, grass, leaves, lumber, metal, sheetrock, shingles, siding, sinks, stumps, toilets, windows, wood/brush, wood chips, wood pilings, etc)

MATTRESS/BOXSPRINGS # _____ PROPANE TANKS# _____ TIRES(off rim) # _____

REFRIGERATOR/FREEZER # _____ TELEVISIONS # _____

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

**THE FOLLOWING MATERIALS REQUIRE AN ADDITIONAL MANIFEST AND PRIOR AUTHORIZATION TO DISPOSE OF MATERIAL IN THE LANDFILL:
SPECIAL WASTES AND CONTAMINATED SOILS FROM APPROVED CONTRACTORS**

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

Transporter Authorized Signature: _____

Print Name: _____ Date: _____

***Landfill Hours of Operation: M-F 7:30am - 2:45pm. Closed for lunch daily from 12pm - 12:30pm**