

FORKS TOWNSHIP

YARD WASTE DROP OFF AUTHORIZATION FORM

Date ____ / ____ / ____

This form is REQUIRED when a resident contracts with someone else to bring yard waste to the Forks Township
Yard Site

By signing this Authorization Form, I hereby take full responsibility for the contractor and/or person bringing yard waste into the Forks Township Yard Waste Site.

Forks Township Resident (Must be filled in and signed)

Name _____

Address _____

Telephone Number () _____ - _____

Signature _____

Type of Yard Waste

NO Lumber, Paneling, Pallets, Pressure Treated Wood, or Shingles.

Contractor/Person doing site work for the above Resident (Must be filled in and signed)

Contractors Name _____

Address _____

Telephone Number () _____ - _____ License Plate # _____

By signing this form the Contractor agrees to and understands all rules and regulations pertaining to the Yard Waste Site, which are posted throughout the Yard Waste Site.

THE RECYCLING FACILITY IS UNDER VIDEO SURVEILLANCE AT ALL TIMES.

RECYCLING FACILITY HOURS OF OPERATION

Second Sunday in March to First Sunday in November

Monday – Closed

Tuesday - 11am to 7pm

Wednesday - 11am to 7pm

Thursday - Closed

Friday – Closed

Saturday - 8am – 1pm

First Monday in November to Second Saturday in March

Monday – Closed

Tuesday – 8:30am to 4:30pm

Wednesday – 8:30am to 4:30pm

Thursday - Closed

Friday - Closed

Saturday – 8am to 1pm