

**Compost Facility Annual
Permit Application
2020**



Compost Facility Annual Permit Application

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

Email Address: _____

Driver's License Number: _____

Year, Make, Model of Vehicle: _____
(Of vehicle you will be using)

License Plate Number: _____
(Of vehicle you will be using)

Annual Fee: \$30.00 (Please make checks payable to West Hanover Township)

Additional \$5 for optional second vehicle in the household.

One Day Pass: \$10.00 (per household)

Office Use Only

Permit Number: _____

Cash, Credit Card, Debit Card or Check Number: _____

Date Received: _____