REQUEST TO USE SOLID WASTE FACILITIES

All requests for disposal of solid waste generated outside the FNSB must be coordinated through and expressed in writing to the Solid Waste Manager. All requests exceeding 25 tons per month must be approved by the Mayor; if longer than 60 days, concurred by the Assembly.

Please complete the Requestor’s Information section and return this form to the above address by email, mail, or fax. The request is forwarded to the Mayor’s Office for a decision.

Requests are not in effect until you receive confirmation from the Solid Waste Manager.

REQUESTOR’S INFORMATION

Name: ___________________ Phone: _______________ Email/Fax: ___________________

Company: ___________________ City, State, Zip: ___________________

What types of material(s) and quantities in tons will be brought to the solid waste facility?

________________________________________________________________________

How will the materials be transported to the solid waste facility? Who will transport them?

________________________________________________________________________

When will the materials be brought to the solid waste facility and over what time period?

________________________________________________________________________

SOLID WASTE MANAGER USE ONLY - Recommendation to accept solid waste

The material meets the conditions of the Borough’s ADEC Solid Waste Permit? Yes / No
The solid waste can be safely and efficiently disposed at the solid waste facility? Yes / No
The solid waste will not significantly impact the capacity of the solid waste facility? Yes / No
There will be no harm to the borough or the borough solid waste facility? Yes / No

Recommendation to accept solid waste?

Yes / No

Comment:

________________________________________________________________________

MAYOR’S OFFICE USE ONLY - REQUIRED IF WASTE EXCEEDS 25 TONS PER MONTH.

Borough Mayor

Approve Disapprove Dates

FNSB ASSEMBLY’S USE ONLY - REQUIRED IF DISPOSAL FOR LONGER THAN 60 DAYS.

Presiding Officer

Approve Disapprove Dates

INSTRUCTIONS TO WEIGH STATION ATTENDANT

Permission has been granted for the above project. Please enter data as follows:

Vehicle: _______________ Reference: ___________________ Note 1: ___________________

Bill to: _______________ Origin: ___________________ Note 2: ___________________

Grid: ___________________ Material: ___________________

☐ Copy given to Scalehouse. ☐ Requestor Notified