

GLEN ROCK RESIDENT LANDFILL STICKER REQUEST
FOR USE OF COMPOST FACILITY ONLY

NAME: _____

ADDRESS: _____

MAKE OF CAR: _____ LICENSE #: _____

Proof of residency, driver's license, may be required before admittance into landfill
PLACE STICKER ON LEFT (DRIVER'S SIDE) WINDOW
LANDFILL FOR USE BY GLEN ROCK RESIDENTS ONLY

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