



Town of  
Brookhaven  
Long Island

Ticket # \_\_\_\_\_

**Department of Recycling and Sustainable Materials Management**  
**Origin of Load Form**

To be filled out by ***Resident/Property Owner*** in full (or load will be rejected)

Resident/Property Owner's Name:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date and Time of Pickup of this load: \_\_\_\_\_

Village/Hamlet: \_\_\_\_\_ Verifiable Phone: \_\_\_\_\_

ON: (N/S/E/W) \_\_\_\_\_ OFF: (N/S/E/W) \_\_\_\_\_

Description of debris on vehicle:

\_\_\_\_\_

\_\_\_\_\_

*As the resident/property owner, I certify that I, myself, completed the above information for the hauler in order to comply with the Brookhaven Landfill rules and regulations.*

Signature of Resident/Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

To be filled out by ***Hauler:***

Permit #/License Plate #: \_\_\_\_\_ Type of Vehicle: \_\_\_\_\_ Date: \_\_\_\_\_

Hauler's Name: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

Village/Hamlet: \_\_\_\_\_ Phone: \_\_\_\_\_

As driver of this vehicle, I certify that its contents were collected within the borders of the Town of Brookhaven at the above address of resident/property owner and contains no hazardous waste, drums or tires.

Signature of Driver: \_\_\_\_\_

Cashier/Scale Op.: \_\_\_\_\_ (Print Name): \_\_\_\_\_

This form must be completed and filled out legibly or dumping privileges will be denied. **TAKE NOTICE THAT FALSE STATEMENTS MADE WITHIN ARE PUNISHABLE AS A CLASS-A MISDEMEANOR PERSUANT TO SECTION 210.45 OF THE PENAL LAW. YOU WILL ALSO BE SUBJECT TO FORFEITURE OF YOUR LANDFILL PRIVILEGES.**