



Town of
Brookhaven
Long Island

Ticket # _____

**Department of Recycling and Waste 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.**