



ALBERT LEA COMPOST SITE
PERMIT APPLICATION
FOR 2008

Please complete the following information. Checks should be payable to the "City of Albert Lea" in the amount of \$10 City, \$15 Non-City.

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

(The following required information pertains to the vehicle that will be used to transport yard waste to the compost site.)

VEHICLE MAKE _____

VEHICLE MODEL _____

VEHICLE COLOR _____

VEHICLE LICENSE PLATE NUMBER _____

(Finance Department Use Only)

Check Number _____

Permit Number Assigned _____

Receipt Number _____

(Finance: Forward original application to Engineering Department)
Note: The days and hours of operation are subject to change without notice