



**TOWN OF ISLIP**  
 401 Main St., Islip, NY 11751

**Department of Environmental Control**

**2017 LANDSCAPER REGISTRATION**  
 January 1, 2017 through December 31, 2017

In this category, the applicant chooses to provide landscaping services in the Town of Islip.

**To use the MacArthur Compost Facility, the vehicle registration must have an address within the Town of Islip.**

**APPLICANT COMPANY NAME:** \_\_\_\_\_

**MAIL ADDRESS:** \_\_\_\_\_

(City) (State) (Zip)

**STREET ADDRESS (If not the same or if PO Box):** \_\_\_\_\_

(City) (State) (Zip)

**CONTACT PERSON:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

(full name)

**OFFICE PHONE:** (\_\_\_\_) \_\_\_\_\_ **HOME PHONE:** (\_\_\_\_) \_\_\_\_\_

**FAX:** (\_\_\_\_) \_\_\_\_\_ **CELL PHONE:** (\_\_\_\_) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**DUMP FEE Payment Type**

(Check One)  CASH/CREDIT CARD

**If Town Account - Surety Type**

Surety Bond  Certified Check Client No.: \_\_\_\_\_

**Vehicle Type**

| Year | Body Type | Make/Model | License Plate # | VIN # | Town Use Only Decal # |
|------|-----------|------------|-----------------|-------|-----------------------|
|      |           |            |                 |       |                       |
|      |           |            |                 |       |                       |
|      |           |            |                 |       |                       |
|      |           |            |                 |       |                       |
|      |           |            |                 |       |                       |

**TO RECEIVE STICKERS, YOU MUST PROVIDE A VALID REGISTRATION AND INSURANCE CARD FOR EACH VEHICLE.**

The applicant attests that all information submitted with this application is true, and further agrees to comply with all provisions of Chapter 21 of the Code of the Town of Islip which regulates the collection and disposal of solid waste, and the applicant understands that failure to comply with the rules and regulations of the Town of Islip or any false statements made on any part of this application shall be grounds for denial and/or revocation of this registration.

\_\_\_\_\_  
 Applicant Signature Title

\_\_\_\_\_  
 Print Name

**TOWN USE ONLY: Registration Fee - \$20.00 Cash \_\_\_\_\_ Check # \_\_\_\_\_**

Approved BY - PRINT: \_\_\_\_\_ DATE: \_\_\_\_\_