



Compost Facility Annual Permit Application

Name: _____

Address: _____

City, State, Zip: _____

Daytime phone number: _____

Driver's License number: _____

Year, Make, Model of Vehicle: _____

License Plate Number: _____

Optional: 2nd Vehicle Year, Make, Model: _____

License Plate Number: _____

**Annual Fee: \$20.00, additional \$5.00 for second vehicle
(Please make check payable to West Hanover Township)**

Office Use Only

Permit Number: _____

Cash or Check Number: _____

Date Deposited: _____