

**This Form is for Non- Commercial Town Of Merrimack NH Resident Compost Give Away Only.**

Applicant's Name _____ (PLEASE PRINT)		
Address _____		
Location of Compost Disposal Site _____		
Signature of Applicant _____	Date _____	Telephone _____

Please keep top portion and attached paper work you must have this when you go to get loaded and show License

Tear Here Place Bottom Copy In Box

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Address _____		
Location of Compost Disposal Site _____		
Signature of Applicant _____	Date _____	Telephone _____
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I have received a copy of the Town of Merrimack 2020 Label, The Authorization for Utilization of Composted Bio-solids and the NHDES, Requirements for the Use of Sludge Bases, Class A Biosolids Documents: \_\_\_\_\_

Please Check 