



TOWN OF KILLINGWORTH

Special Application Construction Debris Disposal Residential Use Only

Date: _____

Name of Resident: _____

Address: _____

Phone: _____

Description and amount of material: _____

Amount of material in cubic yards: _____

Building/Demolition permit number: _____

Date to be delivered: _____

Signature of resident: _____

Approved by Highway Foreman _____

Date: _____