

**TO PARTICIPATE IN THE YARD WASTE COLLECTION  
SERVICE COMPLETE THIS FORM**

I, \_\_\_\_\_ (print name), hereby wish to participate in the Town of Rotterdam Highway Department's Yard Waste Collection Service for the year 2016 at the following address: \_\_\_\_\_, Rotterdam, NY.

My Tax Map Number is Section: \_\_\_\_\_, Block \_\_\_\_\_ and Lot \_\_\_\_\_.

I understand that in order to receive this service, I must return this fully executed form to the Town of Rotterdam, Dawn Pasquariello, Receiver of Taxes, 1100 Sunrise Blvd., Schenectady, New York 12306, at any time in 2016.

\_\_\_\_\_  
Signature