TOWN OF NORTH HEMPSTEAD
SOLID WASTE MANAGEMENT AUTHORITY

TYPE ____ DAILY ROUTE & COLLECTION / DISPOSAL VOLUME

CARRIER:_____ **TRUCK#:**_____ **TOWN PERMIT#:**_____

Cust.#	Customer	Address	Container Size	Time of Pick Up AM	Time of Pick Up PM	Frequency of Pick Up M T W TH F SAT	Estimated MonthlyTonage
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
			Total			**Total**	

NOTE: PLEASE COMPLETE ROUTE LISTING FOR EACH ACCOUNT SERVED.