



**TOWN OF GREECE  
TOWN CLERK'S OFFICE  
REQUEST AND PERMISSION FOR MATERIAL DELIVERY**

One Vince Tofany Boulevard  
Greece, New York 14612

*William D. Reilich  
Supervisor*

**ALL PAYMENTS FOR MATERIAL REQUESTS ARE RECEIVED AT THE TOWN CLERK'S OFFICE**

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

With this request, I hereby authorize the Town of Greece to enter upon my property, as noted above, for the purpose of delivering materials as indicated below. I understand that the Town of Greece is not responsible for any damage done to the lawn or driveway, within reason. Residents on private drives need to obtain written permission from their Homeowner's Association (HOA) in order to receive any deliveries. The load(s) of material will be dumped in the driveway or on an area next to the driveway only. All requests for deliveries will be completed within 10 business days of the payment date, as received by the Town Clerk's Office.

**Please note:** It is strongly recommended that the homeowner look at a sample of the product prior to completing this form. Samples are on display at the Town Clerk's Office and at the Department of Public Works (DPW) facility located at 647 Long Pond Road. Town staff will **not** come back to pick up any product once it has been delivered, for any reason.

All questions should be directed to DPW Dispatch at (585) 225-4590.

<u>Check Desired Material</u>	<u>Number of Loads</u>	<u>Fee/Per Load</u>	<u>Delivery Fee</u>
<input type="checkbox"/> Wood Chips	_____	x \$50.00 per load =	\$ _____
<input type="checkbox"/> Leaf Compost	_____	x \$50.00 per load =	\$ _____

Payment received by the Town Clerk's Office\*: \$ \_\_\_\_\_

**\*(If mailing a payment, only checks made payable to the Town of Greece will be accepted through the mail.)**

Note: Each delivery is approximately five (5) cubic yards of material/per load. Minimum order requirement is a half (1/2) load.

Location for dumping: \_\_\_\_\_  
\_\_\_\_\_

DO NOT WRITE IN THIS SPACE (OFFICE USE ONLY)

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Date Delivered: \_\_\_\_\_ Driver: \_\_\_\_\_ Truck #: \_\_\_\_\_ No. of Loads: \_\_\_\_\_