

**VEOLIA LANDFILL/SALEM TOWNSHIP
LANDFILL PASS APPLICATION**

Date: _____

Name of Resident: _____

*Driver's License
No. _____

Address: _____

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Phone Number: _____

Parcel Identification Number: A -01- _____

Landlord
Name: _____

Landlord
Address: _____

Landlord Telephone Number: _____

Landlord Signature: _____

Former Pass Number: _____ New Pass Number: _____

Reissued Pass Number: _____

Reason for New Pass or Reissued Pass: _____

*Note: Copy of Drivers License or
State I.D. Required

Amount: _____

Cash: _____

Check: _____

Issued

By: _____

Salem/Landfill Application