



Slash Disposal Program Permit

Date: _____ Permit # _____

Property Owner: _____

Lot # _____ Lot Size: _____ Subdivision: _____

Address: _____ Phone Number: _____

If a Contractor is used to clear a lot or remove slash; contractor must haul to transfer station.

Name of Contractor: _____ Phone Number: _____

- Complete Lot Clearing Partial Lot Clearing
- Delivered to Transfer Station by Owner or Contractor
- Request that Village of Angel Fire Haul to Transfer Station

Est. Amount of Slash: _____ Cubic Yard

Length' x Width' x Height' divide by 27= Cubic Yard

Amount of Slash Picked up by Village, or brought in by Property Owner/or Contractor.

Date: _____ Time: _____ Cubic Yards: _____

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- ❖ By signing below I acknowledge that I have received and read a copy of the Village of Angel Fire Slash Disposal Permit Rules. I further acknowledge that I will abide by its rules and regulations as stated.
- ❖ **DO NOT Place Slash in the roadway or bar ditch.**

Property Owner Signature: _____

Contractor Signature: _____

Village of Angel Fire Employee issuing permit: _____

For questions, permits, and pickups please call 575-377-7004.