

TOWN OF NEW CASTLE

RECYCLING CENTER – YARD WASTE OFFICE

Recycling Center - 210 Hunts Lane, Chappaqua, New York 10514 • Ph. (914) 238-8091 • Fax (914) 238-6205

Residency Statement for pick-up of Mulch/Compost

I, _____ residing in the Town of New Castle at _____,
(Print Name) (Street Address)

have engaged _____, to pick up
(Name of Company or Person)

Mulch/compost from the Town's Recycling Center to be delivered to and used at my said property.

I understand that mulch/compost is \$10.00 per cubic yard, payable to the Town of New Castle. Mulch and compost are available on a first come, first serve basis and may not be available at all times. Trucks will be loaded Monday – Friday from 8:00 AM – 11:15 AM and 12:00 PM – 2:30 PM.

At this time I would like to purchase _____ cubic yards of MULCH

_____ cubic yards of COMPOST

I ACKNOWLEDGE AND AGREE THAT ALL MULCH AND/OR COMPOST PURCHASED BY ME IS "AS IS" AND WITH ALL FAULTS. I ACKNOWLEDGE THAT NO WARRANTIES OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE ARE MADE OR IMPLIED.

I AGREE THAT THE NAMES OF CONTRACTORS PROVIDED ON THE SECOND PAGE HEREOF ARE PROVIDED BY THE TOWN AS A CONVENIENCE, AND WITHOUT ANY RECOMMENDATIONS, ENDORSEMENT OR APPROVAL OF ANY SUCH CONTRACTOR AND THAT THE TOWN DOES NOT SUPERVISE THE CONTRACTORS.

I HEREBY RELEASE THE TOWN AND ITS EMPLOYEES, AND OFFICERS FROM ANY LIABILITY FOR, AND INDEMNIFY THE TOWN FROM ANY CLAIM, DAMAGE, LOSS OR EXPENSE ARISING FROM OR AS A RESULT OF THE TRANSACTION PROVIDED FOR HEREIN AND THE ENGAGEMENT OF ANY CONTRACTOR SET FORTH ON THE SECOND PAGE HEREOF.

I can be reached at _____ if you have any further questions.
(Phone Number)

Resident's Signature: _____ Date: _____

Receipt Acknowledged by Town: _____ Date: _____
(Town Employee's Signature)

Available Contractors

The following is a list of private contractors who have indicated a willingness to provide mulch/compost pick up and delivery services to residents of the Town of New Castle for a fee. All fees in connection with such services are to be negotiated between the resident and contractor directly and paid by the resident. The Town shall have no responsibility whatsoever for the performance by or fees charged by any such contractor. The release and indemnification provisions on the first page specifically include any acts or omissions of such contractors, and any claim, damage, loss, cost or expense incurred as a result of the engagement of such contractors. It is agreed that the following list is provided for the convenience of Town residents only.

Name of Contractor:	Telephone Number:
1. Robert Benz (20+ yards) _____	(914) 760-0693 _____
2. Donald Benz (1-15 yards) _____	(914) 490-0910 _____
3. OUCH IND Certified DBE (20+ yards) _____	(914) 316-6062 _____
4. _____	_____