



Phone: (219) 465-3694 \* Fax: (219) 465-3696

## COMPOST SITE CONTRACTOR REGISTRATION FORM

*Form must be completed in full and returned to the District  
for access to compost sites.*

COMPLETE BUSINESS NAME:

ADDRESS:

CITY, STATE, ZIP:

E-MAIL ADDRESS:

CONTACT NAME:

NO. OF DRIVERS ACCESSING SITES:

PHONE NUMBER:

FAX NUMBER:

NAME OF INSURANCE PROVIDER: (NOTE -- must include Certificate of Insurance naming City of Valparaiso and Porter County Recycling and Waste Reduction as additionally insured)

### IMPORTANT INFORMATION

#### All areas of this form MUST BE COMPLETED!

**My signature below verifies that I understand and agree to the following:**

I am an authorized signor/employee of the above listed company.

I am including a Certificate of Insurance naming the City of Valparaiso and Porter County Recycling and Waste as additionally insured.

*Signature of person completing form:*

*Printed name:*

*Date:*