

Permit No: _____

**Village of Suffern
Department of Public Works**

Snow Disposal Permit

Date(s): _____

Name of Business/Resident: _____

Address: _____

Name of Contractor: _____

Contractor Address: _____

Rockland County License No.: _____

Snow Volume c.y. (estimated): _____

Street Department Supervisor _____ Date _____

Director of Public Works _____ Date _____