



**Town of Pine Plains**

3284 State Route 199

P.O. Box 955

Pine Plains, NY 12567

**Pine Plains Resident  
Brush and Leaves Permission Slip**

Resident Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Signature of Resident: \_\_\_\_\_

Date: \_\_\_\_\_

Permission granted to: \_\_\_\_\_

Signature of Grantee: \_\_\_\_\_

Date: \_\_\_\_\_

---

This is free service provided to the residents of Pine Plains.

\*Small branches and leaves only\*