



**TOWN OF NORTH ATTLEBOROUGH, MASSACHUSETTS
BOARD OF PUBLIC WORKS**

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49 Whiting Street, North Attleborough, MA
Telephone: (508) 695-9621
Fax: (508) 643-0568
www.nattleboro.com

MARK L. HOLLOWELL, DIRECTOR

INVOICE
SCREENED COMPOST
NORTH ATTLEBOROUGH PUBLIC WORKS

Date: _____

Purchaser: _____

Billing Address: _____

Phone No: _____ **Email:** _____

Signature: _____

DESCRIPTION

Screened Compost, Picked Up. Loaded by Town at Plain St. Compost Facility.

Cost Per CY: \$10.00.

Total CY Purchased: _____ CY (20 YD Total Minimum)

Total Price: _____

Total Due: _____

Please remit the check and completed form to 49 Whiting Street, North Attleboro, MA 02760.
Checks should be made out to the Town of North Attleborough.

FOR OFFICIAL USE ONLY

Received by: _____ **Signature:** _____

Date: _____

Approving Authority: _____ **Date:** _____

Check # _____

Cash: _____