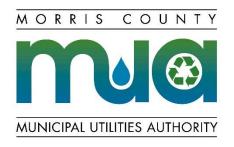
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Morris County Municipal Utilities Authority (MCMUA) Vegetative Waste Facility Vehicle Information Document

Administrative Office Information

Telephone: 973-285-8383 Fax: 973-285-8397 E-mail:muainsurance@co.morris.nj.us

Office Hours: 8:00 a.m. - 4:30 p.m., Monday-Friday

Office Location:

Morris County Municipal Utilities Authority 214A Center Grove Road (Dalrymple House) Randolph, NJ 07869

Mailing Address:

Morris County Municipal Utilities Authority 214A Center Grove Road Randolph, NJ 07869



Facility Information

Parsippany-Troy Hills Facility

500 West Hanover Ave
Parsippany, NJ 07054
(Behind the Morris County Public Safety Training Academy)
Hours of Operation:
Monday – Friday 7 am – 12 pm & 1 pm – 3 pm

Mount Olive / Camp Pulaski Facility

FedEx/Airborne Address:

Morris County Municipal

Utilities Authority

214A Center Grove Road

(Dalrymple House)

Randolph, NJ 07869

Waterloo Valley Rd.
Mount Olive, NJ 07828
(Near the International Trade Center – Mt. Olive)
Hours of Operation:
Monday – Friday 7 am – 12 pm & 1 pm – 3 pm

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Morris County Municipal Utilities Authority

Solid Waste Division Vegetative Waste Program



VEHICLE INFORMATION

		VEHICLE			MAX LOAD CAPACITY IN	WILL COME AS COMPACTED		
	VEHICLE NUMBER	MAKE	VEHICLE MODEL	LICENSE PLATE NUMBER	C.Y.	LOAD	OTHER / TYPE OF VEHICLE	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
Own	Owner/Supervisor Contact Name:				Owner/Supervisor Contact Phone:			
	Owner/Supervisor Contact F-Mail Address:				Company Webpage Address:			

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By signing my name below, I certify that I have read the above information. Any questions concerning these policies have been discussed. My signature also certifies my understanding of an agreement with the above policies. You may receive a copy of this document upon request.

Signature Name (print) Company Name (print) Phone No. Date

PLEASE SUBMIT ALL COMPLETED FORMS TO MUAINSURANCE@CO.MORRIS.NJ.US FOR APPROVIAL