

Town of CASTLETON Resident Only

2018-2019

TRANSFER PERMIT APPLICATION

PLEASE PRINT ALL CLEARLY:

PHONE # _____

NAME _____

HOME ADDRESS

PO Box/ Number & Street

Town/City

State/Zip

Local Address (if different from above) _____

***WASTE DISPOSED OF AT THE CASTLETON TRANSFER STATION
MUST ORIGINATE FROM WITHIN THE TOWN OF CASTLETON.***

Effective July 1, 2015 - Recycling is mandatory (Act 148)

Any false statements on this application or failure to follow the regulations governing the Transfer Station may result in the revocation of Transfer Station privileges.

Signature _____

Date _____

.....
***** Each HOUSEHOLD is limited to THREE (3) vehicle permits*****

1st Vehicle: \$30.00

Plate _____
State _____
Make _____
Color _____
Year _____

Permit # _____

2nd Vehicle: \$10.00

Plate _____
State _____
Make _____
Color _____
Year _____

Permit # _____

3rd Vehicle: \$10.00

Plate _____
State _____
Make _____
Color _____
Year _____

Permit # _____

For Office/Department Use Only:

VOIDED PERMIT INFO/PREVIOUSLY ISSUED VEHICLE PERMIT INFO ONLY

Vehicle Make _____ Plate # _____ State _____ Permit # _____

Amount Paid \$ _____

Initials _____

PAYMENT TYPE: Credit Card: _____ Check# _____ Cash _____ Receipt # _____