

CASTLETON

Transfer Station Permit Application for Residents Only 2022-2023

Name:				_		
Mailing Address						
PO Box/ Numb	er & Street	Town/City	State/Zip			
*Local Address (if different fro	om above)					
Phone Number:	Alternate phone number:					
TOWN F Any false statements on this ap	FOR WHICH YOU *Recycling is Food Waste is bann	UR PERMIT WAS mandatory (Act 14 led from Househol	48) d Trash* ons governing the Transfer Stati			
Signature				Dat		
**** Eac	h HO <u>USEHOLD is lir</u>	nited to THREE (3) vo	ehicle permits****	_		
<u>1st Vehicle: \$ 40.00</u>	<u>2nd Vehicl</u>	le: \$ 20.00	<u>3rd Vehicle: \$10.00</u>			
Plate State Make Color Year	Plate State Make Color Year		Plate State Make Color Year			
Permit #	Permit #		Permit #			
]		

For Office/Department Use Only:

VOIDED PERMIT INFO/PREVIOUSLY ISSUED VEHICLE PERMIT INFO ONLY								
Vehicle Make		Plate #	_State	Permit #				

Paid \$	Initials	PAYMENT TYP	<u>E</u> : Credit Car	rd: Check#	_Cash			