

CASTLETON

Transfer Station Permit Application for Residents Only 2023-2024

Name:				_		
Mailing Addres	SS					
	PO Box/ Number & Street	Town/City	State/Zip			
*Local Address	(if different from above)					
Phone Number	:	Alternate phone number:				
WASTE DISP	OSED OF AT THE CASTLETO TOWN FOR WHICH Y	OUR PERMIT WAS F	PURCHASED.	M THE		
	• •	is mandatory (Act 14 Inned from Household	·			
Any false state	ments on this application or failur result in the revocat	re to follow the regulatio ion of Transfer Station	8	ion may		
	Signatur	e		Date		
	**** Each HOUSEHOLD is	s limited to THREE (3) vel	nicle permits****	-		
1 st Vehicle	e: \$ 40.00 <u>2</u> nd Veh	nicle: \$ 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 #		Permit # ***************	*** Amount				
Paid \$ Initia	ls <u>PAYMEN</u>	TTYPE: Credit Card:	Check#	Cash				

Receipt # ___