

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 # ___