

TIME FOR NEW DUMP STICKERS! AFTER SEPTEMBER 1, ONLY BLUE STICKERS WILL BE VALID

Killingworth Transfer Station Permit Application: Residential Use Only

Permit # _____

Name _____ Phone: _____

Number _____ Street _____

Legal Residence (if different) _____

VEHICLE # 1 Registered to _____ State of Reg. _____

Color _____ Year _____ Make _____ Model _____ Plate # _____

VEHICLE # 2 Registered to _____ State of Reg. _____

Color _____ Year _____ Make _____ Model _____ Plate # _____

Vehicles larger than pickup trucks require special permits issued by the Selectmen's office. I hereby certify that this application for a permit to use the Town's Compactor/Transfer Station/Recycling Center is for my own residential use ONLY and any misuse thereof, may VOID permits and entry to the site.

Signature X _____ Date _____

NEW STICKERS WILL BE ISSUED AT TOWN HALL AND AT THE TRANSFER STATION. PLEASE BRING YOUR REGISTRATION ALONG WITH YOUR APPLICATION.

TIME FOR NEW DUMP STICKERS! AFTER SEPTEMBER 1, ONLY BLUE STICKERS WILL BE VALID

Killingworth Transfer Station Permit Application: Residential Use Only

Permit # _____

Name _____ Phone: _____

Number _____ Street _____

Legal Residence (if different) _____

VEHICLE # 1 Registered to _____ State of Reg. _____

Color _____ Year _____ Make _____ Model _____ Plate # _____

VEHICLE # 2 Registered to _____ State of Reg. _____

Color _____ Year _____ Make _____ Model _____ Plate # _____

Vehicles larger than pickup trucks require special permits issued by the Selectmen's office. I hereby certify that this application for a permit to use the Town's Compactor/Transfer Station/Recycling Center is for my own residential use ONLY and any misuse thereof, may VOID permits and entry to the site.

Signature X _____ Date _____

NEW STICKERS WILL BE ISSUED AT TOWN HALL AND AT THE TRANSFER STATION. PLEASE BRING YOUR REGISTRATION ALONG WITH YOUR APPLICATION.

TIME FOR NEW DUMP STICKERS! AFTER SEPTEMBER 1, ONLY BLUE STICKERS WILL BE VALID

Killingworth Transfer Station Permit Application: Residential Use Only

Permit # _____

Name _____ Phone: _____

Number _____ Street _____

Legal Residence (if different) _____

VEHICLE # 1 Registered to _____ State of Reg. _____

Color _____ Year _____ Make _____ Model _____ Plate # _____

VEHICLE # 2 Registered to _____ State of Reg. _____

Color _____ Year _____ Make _____ Model _____ Plate # _____

Vehicles larger than pickup trucks require special permits issued by the Selectmen's office. I hereby certify that this application for a permit to use the Town's Compactor/Transfer Station/Recycling Center is for my own residential use ONLY and any misuse thereof, may VOID permits and entry to the site.

Signature X _____ Date _____

NEW STICKERS WILL BE ISSUED AT TOWN HALL AND AT THE TRANSFER STATION. PLEASE BRING YOUR REGISTRATION ALONG WITH YOUR APPLICATION.