



# TRANSFER STATION PERMIT

HOMEOWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_

DESCRIPTION OF WASTE \_\_\_\_\_

START DATE \_\_\_\_\_

FINISH DATE \_\_\_\_\_

**HOMEOWNER'S SIGNATURE** \_\_\_\_\_

I hereby declare the information provided for this application to be accurate. I further agree, any deliberate falsification will impose an immediate penalty as notification of first offense served.

**CONTRACTOR'S SIGNATURE** \_\_\_\_\_

I hereby declare the information provided for this application to be accurate. I further agree, any deliberate falsification will impose an immediate penalty as notification of first offense served.

Expiration Date \_\_\_\_\_