

TOWN OF GARDINER APPLICATION FOR TRANSFER STATION PERMIT

PLEASE PRINT

LAST NAME: _____ FIRST NAME: _____ TEL.: _____

ADDRESS: _____

MAILING ADDRESS (if different than above): _____

VEHICLE DESCRIPTION: YEAR _____ MAKE _____ MODEL _____

VEHICLE LIC PLATE # (REQUIRED): _____ STATE _____

RESIDENT FEES:

Permit Fee..... \$30.00 Senior (65+).....NO CHARGE

½ Year (12/1-5/31) \$15.00

Second Vehicle \$ 5.00 Yr. _____ Make _____ Model _____ Plate # _____

Mail To: Town of Gardiner, PO Box 1, Gardiner, NY 12525 Checks Payable To: Town of Gardiner

*** ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE IF TO BE RETURNED BY MAIL**

Received by: _____ Date: _____ Permit #: _____