

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:

- | | | | |
|--|---------|--|-----------|
| <input type="checkbox"/> Permit Fee | \$30.00 | <input type="checkbox"/> Senior (65+)..... | NO CHARGE |
| <input type="checkbox"/> ½ Year (12/1-5/31)..... | \$15.00 | <input type="checkbox"/> Day Pass | \$4.00 |
| <input type="checkbox"/> Second Vehicle | \$ 5.00 | | |

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 #: _____