

APPLICATION

Killingworth Compactor – Transfer Station Permit # _____

Name: _____ Permit # _____

Address: _____ **Phone #:** _____

Email: _____

Vehicle #1: Registered to _____ **State of Reg.** _____

Color _____ **Make** _____ **Model** _____ **Plate #** _____

Vehicle #2: Registered to _____ **State of Reg.** _____

Color _____ **Make** _____ **Model** _____ **Plate #** _____

Vehicles larger than pick up trucks require special permits issued by the First Selectman's office.

I hereby certify that this application for a permit to use the Town's Compactor/Transfer Station and Recycling Center is for my own residential use ONLY and any misuse thereof, may VOID permits and entry to the site.

**PERMITS MUST BE PICKED UP IN PERSON AT TOWN HALL OR THE TRANSFER STATION.
PLEASE BRING YOUR REGISTRATION.**

Date: _____ **Signature:** _____