

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 _____

[] Permit Fee.....\$50.00 [] Senior(65+).....NO CHARGE

[] 1/2 Year(12/1-5/31).....\$25.00 [] 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: _____