

MARY E. ALEX  
Town Clerk



Tel: (845) 677-3419  
Fax: (845) 677-2085

# Town of Washington

10 RESERVOIR DRIVE  
P.O. BOX 667  
MILLBROOK, NEW YORK 12545

This is a friendly reminder that your Town of Washington Transfer Station Permit expires on June 30<sup>th</sup>. New permits are now available for sale. The Town Hall is currently not open to the public. You may renew your permit by leaving this form with payment in the wall mailbox at the Town Hall. You may also return this completed form by mail with a check or filled out Credit Card Authorization form. Please make checks payable to "Town of Washington Clerk" and mail to P.O. Box 667; Millbrook, NY 12545. Indicate below if you would like your permit mailed or left on the door at the Town Hall for pick up.

- Please send my permit by mail at the address below.
- Please leave my permit at the Town Hall for pick up.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

License Plate # \_\_\_\_\_ Vehicle Make & Model \_\_\_\_\_

License Plate # \_\_\_\_\_ Vehicle Make & Model \_\_\_\_\_  
(if 2<sup>nd</sup> permit needed)

Resident Permit	\$80.00
Senior Permit	\$50.00
Contractor Permit	\$360.00
Additional Vehicle Permit	\$25.00
10 Bag Ticket	\$56.00
5 Bag Ticket	\$28.00
Total Paid	\$

### If Paying by credit card:

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ (Located on the back of card)

Card Holder Name: \_\_\_\_\_

(Exactly as it appears on card)

Billing Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this authorization form you allow the Town of Washington to charge your credit card a one-time fee for the purpose indicated above. Credit card transactions are charged an additional fee of \$1.75 up to \$80.00 and 2.45% if over \$80.00.



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## Transfer Station Permit Application

Hours of Operation: Tuesday, Thursday & Saturday 7:30A-4:00P

Acceptable forms of payment are cash, credit card or check.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

License Plate # \_\_\_\_\_ Vehicle Make & Model \_\_\_\_\_

License Plate # \_\_\_\_\_ Vehicle Make & Model \_\_\_\_\_

(2<sup>nd</sup> permit)

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