

TOWN OF MANCHESTER TRANSFER STATION
2016-2017 RESIDENTIAL TRANSFER STATION PERMIT APPLICATION



Applicant(s) (Street Address of Owner Occupied Property - No Post Office Boxes will be Accepted)

Name(s) _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone # _____

E-Mail: _____

Mailing Address (if different from above)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Have you been issued a permit for the Manchester Transfer Station before? **Yes** _____ **No** _____

If yes, please provide the previous permit number: _____

VEHICLE INFORMATION

LICENSE PLATE #
MAKE AND MODEL OF VEHICLE:
VEHICLE COLOR:
VEHICLE TYPE: <input type="checkbox"/> Coupe <input type="checkbox"/> Sedan <input type="checkbox"/> Station Wagon <input type="checkbox"/> Truck <input type="checkbox"/> SUV <input type="checkbox"/> Van
VEHICLE YEAR:

This Application **must be accompanied** by **current photocopies** of the following information:

1. A copy of a **valid Connecticut driver's license** issued to the applicant(s) at the same address to demonstrate occupancy of property listed on the application.
2. A copy of the **current year motor vehicle registration** for the vehicle displaying the Resident Permit. The vehicle must be registered to the individual at the address listed on the application the permit cannot be transferred between vehicles, and the vehicle may not be used for business purposes, or for bringing material from any other location besides the address listed above.

I certify that the permit I am applying for will only be used by the permittee(s) to deliver waste ONLY from my home to the Transfer Station. I further certify that the vehicle for which I am permitting is not used for business purposes, or will be bringing material from any other physical location besides the above address. Finally, I understand that any violation of the Transfer Station Rules and Regulations will result in 1) an initial warning and then 2) subsequent revocation of this permit. I agree to indemnify and save harmless the Town of Manchester, their agents (servants) and employees from and against all expense (including costs and attorney's fees) for damages because of bodily injury (including death) inflicted by any person or persons or damage to my vehicle and/or personal property, arising out of or in consequence of the use of the Town of Manchester Residential Transfer Station.

Applicant(s) Signature

Date of Submittal

TOWN USE ONLY

Paid \$20.00 via Cash Check Credit/Debit **Permit # Issued** _____ **Date:** _____