

Town of Stratford

120 Piseco Road

PO Box 186

Stratford, NY 13470

PHONE: (315) 429-8612 FAX: (315) 429-0527

TRANSFER STATION DECAL POLICY

Effective January 1, 2019

1. Every residential address will be eligible for (2) decals at \$5/decals.
Every unimproved property with a camper will be eligible for (1) decal at \$5/decals.
2. (2) Additional decals can be purchased at \$10/decals. These additional decals will be made available only to those replacing a previous decal that has been lost or destroyed. There is a limit of (4) decals per property, per year. No exceptions.
3. License plate information must be provided and written on each decal in the designated spot. If license plate information is unavailable to the Town Clerk, the decal will not be issued.
4. Laminated decals are available to multi-family residential, seasonal, or rental properties where more than (4) vehicles will be utilizing the transfer station.
5. Decals must be affixed on the passenger-side window of your vehicle.
6. The Stratford Transfer Station Attendant has the authority to deny use of the Transfer Station when the license plate information displayed on a decal does not match the vehicle's license plate.

2019 TOWN OF STRATFORD

TRANSFER STATION PERMIT APPLICATION

Permit #1 _____ Permit #2 _____

Permit #3 _____ Permit #4 _____

Upon acceptance of this permit you agree to obey all regulations for operations of the Stratford Transfer Station as set forth by the County of Fulton, the Transfer Station Policy approved by the Stratford Town Board, and the directives of the personnel at this site.

**FURTHERMORE YOU AGREE NOT TO ENTER UPON THE SITE WITH REFUSE
NOT GENERATED WITHIN THE TOWN OF STRATFORD.**

Upon the transfer, abandonment, or destruction of the vehicle you must remove as much of the identification sticker as practical and to return that portion removed to the town clerk. Failure to remove said identification sticker shall prevent the reapplying for a new identification sticker.

The purpose of the transfer station is solely for the disposal of household waste and garbage. No hazardous and/or toxic waste shall be disposed of at this facility. Failure to comply with any of the above conditions can result in revocation of this permit to enter upon the site.

Name: _____

Mailing Address: _____

City, State, & Zip: _____

Location of Property: _____
(if different than above)

Type of Property: Residential Seasonal ANNUAL RENTAL SEASONAL RENTAL

*Is This Property Improved? Yes No →

An improved property is defined as a property that contains a residential or other auxiliary building. **Unimproved properties with campers will only be eligible for (1) DECAL. No exceptions.**

Home Telephone: _____

Local Telephone: _____
(If different than above)

Vehicle #1 Make: _____ Model: _____ License #/State: _____ **\$5.00**

Vehicle #2 Make: _____ Model: _____ License #/State: _____ **\$5.00**

Vehicle #3 Make: _____ Model: _____ License #/State: _____ **\$10.00**

Vehicle #4 Make: _____ Model: _____ License #/State: _____ **\$10.00**

Signature of Applicant: _____ Date: _____

If mailing, please include a stamped, self-addressed envelope and a check made out to:
Stratford Town Clerk, PO BOX 186, Stratford, NY 13470