

# 2023 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: \_\_\_\_\_ \$10.00

Vehicle #2 Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #/State: \_\_\_\_\_ \$10.00

Vehicle #3 Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #/State: \_\_\_\_\_ \$20.00

Vehicle #4 Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #/State: \_\_\_\_\_ \$20.00

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

Date Paid \_\_\_\_\_ Total Paid \_\_\_\_\_ Clerk \_\_\_\_\_