

TRANSFER STATION PERMIT REGISTRATION FORM

TOWN OF CAVENDISH

Name : _____

Phone: _____

Address : _____
(Home) _____

Date: _____

Cavendish Address: _____
(If different from above)

VEHICLE IDENTIFICATION:

	Vehicle #1	Vehicle #2	Vehicle #3
MAKE			
MODEL			
YEAR			
COLOR			
PLATE#			
STATE			
FEE			
PERMIT#			

Permit Type (Check One)

- Cavendish property owner
- Renter - Residential
- Commercial (Business)
- Commercial Hauler

FEES PAID

Date	Amount

Signature: _____