

LAST NAME _____

DUMP STICKER APPLICATION

TOWN OF SHARON
HARTFORD SOLID WASTE & RECYCLING
RESIDENT PERMIT APPLICATION

PRINT NAME: _____ PHONE #: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

1ST PERMIT = \$30.00

2nd PERMIT = \$15.00

3rd PERMIT = \$15.00

Vehicle Make: _____

Vehicle Make: _____

Vehicle Make: _____

License Plate #: _____

License Plate #: _____

License Plate #: _____

Sticker #: _____

Sticker #: _____

Sticker #: _____

Date paid: _____

Date Paid: _____

Date Paid: _____

Check #/Cash: _____

Check #/Cash: _____

Check #/Cash: _____

Amount Paid: _____

Amount Paid: _____

Amount Paid: _____

I CERTIFY THAT THE PERMIT I AM APPLYING FOR IS FOR DISPOSAL OF SOLID WASTE AND/OR RECYCLABLES FROM MY RESIDENCE LISTED ABOVE. I FULLY UNDERSTAND THAT I MUST AFIX THE PERMIT TO MY WINDSHIELD AND MAY NOT CHANGE TO ANOTHER VEHICLE WITHOUT NOTIFYING THE TOWN OFFICE.

SIGNATURE OF APPLICANT: _____

DATE: _____