



TOWN OF RAYMOND
DEPARTMENT OF PUBLIC WORKS
SOLID WASTE DIVISION
4 EPPING STREET
RAYMOND, NEW HAMPSHIRE 03077

**TRANSFER STATION
RESIDENT PERMIT APPLICATION FORM**

Date: _____ Amount of Fee Paid: _____

Resident Information:

Name: _____

Address: _____

Raymond, New Hampshire

Home Phone: _____ Cell Phone: _____

Email Address: _____

Information regarding the Vehicle to which the Resident Permit will be affixed:

Make: _____ Model: _____

Year: _____ Color: _____

License Plate Number: _____

ONLY ONE PERMIT ISSUED PER VEHICLE

NO COMMERCIAL VEHICLES

Fees:

Annual Permit:

The annual Resident Permit expires on the last day of December each year. The cost for the Permit is **\$36.00 / yr declining at a rate of \$3.00 per month** from the 25th of January. Permits purchased after the 25th of the month will not be charged the fee for that current month.

Replacement Permit:

When acceptable proof of loss is provided, a replacement Permit will be issued for a fee of \$10.00. Examples of acceptable losses are; an auto accident or incident rendering the vehicle totaled or vehicle replacement such as the purchase of a new car. Any time a Permit is replaced, the original Permit will be voided.

Residency:

Residency will be verified at the time of initial application and at every Annual renewal.

Permit Requirements:

Upon execution of this Application Form, the Applicant and any person allowed to use the Permitted Vehicle hereafter referred to as the "Permittee", shall adhere to the following requirements or the Permit will be revoked, and no refund will be made.

The Permittee shall;

1. Properly affix the sticker to the inside of the windshield glass of the Permitted Vehicle identified on this form. Any attempted use of this Permit without it being properly affixed to the windshield will result in an immediate violation and revocation of the Permit.
2. Observe and comply with all rules and regulations regarding the hours of operation, applicable disposal fees, scope of acceptable materials and proper procedures for circulating through the facility and carefully depositing materials in the appropriate location(s).
3. Interacting in a respectful manner with Casella Waste employees. The reverse is also required.
4. We want to receive your input. Please report any positive and/or negative concerns in writing to the Department of Public Works. Report to Denise OGrady at dogrady@raymondnh.gov

I hereby agree to exercise my rights under this Permit, to dispose of materials at the Transfer Station in a manner consistent with all rules, regulations and stipulations contained in this Application Form including any subsequent revisions that may occur during the active period of the Permit. I understand that failure to do so will result in revocation of the Permit without refund.

Signed: _____ Date: _____

TO BE COMPLETED BY TOWN OF RAYMOND TAX OFFICE

Residency Verified: _____ Payment Type _____

Vehicle Registration Verified: _____

Permit Number: _____

Date Issued: _____ BY: _____

Issued: In Person ____ By Mail ____ Other ____

NOTES: