

TOWN OF BROADALBIN TRANSFER STICKER APPLICATIONS
(You must reside or own property in the Town of Broadalbin)

****** NO DUMP TRUCKS OR COMMERCIAL WASTE IS PERMITTED AT ANY TIME**

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE () _____

VEHICLE INFORMATION

YEAR _____ **MAKE** _____ **MODEL** _____ **COLOR** _____

LICENSE PLATE NUMBER: _____

***You are required to show proof of Residency and Vehicle Registration Each Year**

Please read, sign and date the following:

I, the undersigned, swear that the above information is true. I hereby make application to the Town of Broadalbin in the State of New York for use of the Transfer Station and will submit any information necessary to be copied for record of my application. I understand that only residential waste is to be deposited at said station and that **NO COMMERCIAL WASTE IS PERMITTED**. I understand that I am subject to revocation of my sticker and suspension of my dumping privileges at said station as well as any other penalties as provided by law or local ordinances if it is found that I have made a false statement or failed to follow these guidelines. I, further, understand that the sticker is the sole property of the Town of Broadalbin and shall be surrendered immediately upon request of any Town of Broadalbin employee or agent acting on behalf of the Town of Broadalbin.

SIGNED: _____

DATE: _____

FEE \$ 30.00 (CASH OR CHECK ONLY) MAKE CHECKS PAYABLE TO "TOWN OF BROADALBIN "

IF MAILING APPLICATION SEND A SELF ADDRESSED STAMPED ENVELOPE AND COPY OF REGISTRATION FOR QUICK RETURN

**TOWN OF BROADALBIN
PO BOX 548
BROADALBIN, NY 12025**

STICKER NUMBER

DATE: _____

PAYMENT: _____