

Date: \_\_\_\_\_

Payment: \_\_\_\_\_

**TOWN OF SHAWANGUNK**  
**14 Central Ave., P.O. Box 247**  
**Wallkill, NY 12589**

**TRANSFER STATION ACCESS PERMIT APPLICATION**

Please check one:

Senior resident \_\_\_\_\_  
\$20.00

Resident (non-Senior) \_\_\_\_\_  
\$25.00

**Name :** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

Vehicle #1      Year \_\_\_\_\_      Make/Model \_\_\_\_\_

Permit # \_\_\_\_\_      Fee \_\_\_\_\_

Vehicle #2      Year \_\_\_\_\_      Make/Model \_\_\_\_\_

Permit # \_\_\_\_\_      Fee \_\_\_\_\_

Vehicle #3      Year \_\_\_\_\_      Make/Model \_\_\_\_\_

Permit # \_\_\_\_\_      Fee \_\_\_\_\_