

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) _____
\$30.00

Name : _____

Address: _____

Vehicle #1 Year _____ Make/Model _____

Permit # _____ Fee _____

Vehicle #2 Year _____ Make/Model _____

Permit # _____ Fee _____

Vehicle #3 Year _____ Make/Model _____

Permit # _____ Fee _____