

WAIVER APPLICATION FOR TOWN OF PAWLING TRANSFER STATION PERMIT

Name _____

Address _____

Name of Business _____

Type of Business _____

Address of Business _____

Phone Number _____

Email _____

Type of Vehicle _____

Reason for Waiver:

Please submit a copy of your vehicle registration along with this waiver request to:

Pawling Town Clerk
160 Charles Colman Boulevard
Pawling, NY 12564

***I understand that violation of the rules and regulations may subject me to a fine of \$500 and immediate revocation of my Transfer Station privileges.**

Initial _____