

**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** \_\_\_\_\_