

TOWN OF RAYMOND
DEPARTMENT OF PUBLIC WORKS
SOLID WASTE DIVISION
4 EPPING STREET
RAYMOND, NEW HAMPSHIRE 03077

2024
TRANSFER STATION
RESIDENT PERMIT APPLICATION FORM

Date: _____

Fee Paid: _____

(Please make checks out to the Town of Raymond)

Resident Information:

Name: _____

Address: _____

Raymond, New Hampshire

Home Phone: _____

Cell Phone: _____

Email: _____

Information regarding the Vehicle to which the Resident Permit will be affixed:

Make: _____

Model: _____

Year: _____

Color: _____

License Plate Number: _____

ONLY ONE PERMIT ISSUED PER VEHICLE

NO COMMERCIAL VEHICLES

Fees:

Annual Permit:

The annual Resident Permit expires on the last day of December each year. The cost for the Permit is **\$40.00 per year** declining at a rate of **\$3.35 per month**. Permits purchased after the 25th of the month will not be charged the fee for that current month.

Replacement Permit:

When acceptable proof of loss is provided, a replacement Permit will be issued for a fee of \$10.00. Examples of acceptable losses are an auto accident or incident rendering the vehicle totaled or vehicle replacement such as the purchase of a new car. Any time a Permit is replaced, the originating Permit will be voided.

Residency:

Residency will be verified at the time of initial application and at every Annual renewal.

Permit Requirements:

Upon execution of this Application Form, the Applicant and any person allowed to use this vehicle hereafter referred to as the "Permittee", shall adhere to the following requirements or the Permit will be revoked, and no refund will be made.

The Permittee shall;

1. Properly affixed to the sticker to the inside of the windshield glass of the vehicle identified on this form. Any attempted use of this Permit without it being properly affixed to the windshield will result in an immediate violation and revocation of the Permit.

2. Observe and comply with all rules and regulations regarding the hours of operation, applicable disposal fees, scope of acceptable materials and proper procedures for circulating through the facility and carefully depositing materials in the appropriate location(s).

3. Interacting in a respectful manner with Casella Waste employees. The reverse is also required.

4. We want to receive your input. Please submit any positive/negative concerns in writing to the Department of Public Works. Mailing: DPW Attn: Stacey Grella 4 Epping Street Raymond NH 03077

Email:sgrella@raymondnh.gov

I hereby agree to exercise my rights under this Permit, to dispose of materials at the Transfer Station in a manner consistent with all rules and regulations, stipulations contained in this Application Form and any subsequent revisions that may occur during the active period of the Permit. I understand that failure to do so will result in revocation of the Permit without remuneration.

Signed: _____ Date: _____

TO BE COMPLETED BY TOWN OF RAYMOND TAX OFFICE

Residency Verified: _____

Vehicle Registration Verified: _____

Permit Number: _____

Date Issued: _____

BY: _____

Issued: In Person ____

By Mail ____

Other ____

NOTES: