

REFUSE DISPOSAL SYSTEM
TOWN OF CENTER HARBOR, NEW HAMPSHIRE
INCINERATOR & LANDFILL

PERMIT # _____
FEE _____
DATE _____

NAME

PROPERTY NAME

MAILING ADDRESS

TAX MAP & LOT NUMBER

CITY, STATE, ZIP

PROPERTY ADDRESS

RESIDENT

PROPERTY OWNER

AUTO REGISTRATION

BUSINESS

TEMPORARY

REPLACEMENT

REGISTRATION NUMBER

REPLACING PERMIT NUMBER

I agree to comply with all the rules and regulations, and the requirements of separation of the Refuse Disposal System of the Town of Meredith, New Hampshire. I further understand that failure to comply will warrant the loss of the use of these facilities. Permit to be on the right-hand passenger side of the vehicle, so as not to interfere or obstruct vision.

SIGNATURE

DATES VALID

Office Use Only

____ Regular
____ Commercial 7-day

____ Special 1-day
____ Clerk's Initials

**REGULAR PERMITS VALID
THROUGH May 31, 2011**

DATES VALID FOR
COMMERCIAL 7-DAY OR 1- PERMIT

