Photo Id #	
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BOSCAWEN TRANSFER STATION RECYCLING CENTER PERMIT

Wednesday and Saturday 7:30AM - 3:30PM Tuesday 2:30PM - 7:00PM April thru October 603-796-2122

Name, Property Address, and Phone:	-	Does your dumping load contain any hazardous waste and/or asbestos? Y N	
	 	Have you applied for a demolition permit? $\mathbf{Y} \ \mathbf{N}$	
	the Boscaw	ne above mentioned, who owns/rents property in ren Transfer Station/Recycling Center.	
	O	R	
2) Allow Boscawen Transfer Station/I		on their behalf of owner, to bring refuse to the enter. Plate # /State	
The undersigned hereby agrees to Transfer Station/Recycling Center.	•	all the rules and regulations of the Boscawen permit in vehicle.	
Reason:			
Property Owner Signature	Date	Nicole E. Hoyt, Town Clerk Karyn L. Chagnon, Deputy Clerk Norma J. Caporale, Assistant Clerk	
This permit is void after:			