



APPLICATION FORM
TRANSFER STATION RESIDENT PASS
 2014-2015 ESSEX, CONNECTICUT

To be completed by the applicant:

RESIDENCE:

(P.O. Box **NOT** Acceptable.)

DATE ___/___/___

1ST VEHICLE OWNER ---LAST NAME _____ FIRST NAME _____

2ND VEHICLE OWNER---LAST NAME _____ FIRST NAME _____

STREET ADDRESS (No P.O. BOX) _____

VILLAGE _____ ZIP CODE _____

TELEPHONE: HOME_(____)_____-_____-_____- CELL_(____)_____-_____-_____-

MAILING ADDRESS IF DIFFERENT FROM RESIDENCE:

STREET ADDRESS or PO Box _____

CITY _____ STATE _____ ZIP CODE _____

VEHICLE #1—VIN _____	LIC PLATE _____
VEHICLE #2---VIN _____	LIC PLATE _____

STICKER SERIAL # ISSUED 2014-

FEE PAID \$ _____

RESIDENT FEE: \$125/yr; SENIOR RESIDENT(65+): \$75/yr

THIS APPLICATION MUST BE ACCOMPANIED BY PHOTO ID AND A COPY OF YOUR CURRENT VEHICLE REGISTRATION. THOSE WITH OUT OF STATE DOCUMENTATION MUST PROVIDE PROOF OF PERIODICAL RESIDENCY IN ESSEX. THANK YOU.

Rev. 080814

*******PLEASE NOTIFY TOWN OF ESSEX OF ANY CHANGE OF VEHICLE*******