

TOMPKINS COUNTY SOLID WASTE PERMIT APPLICATION

**All Recycling & Solid Waste Center permits are subject to revocation
for non-payment of disposal fees.**

Application Date: _____

Permit Issued by: _____

If applying by mail:

- Enclose a non-returnable copy of current vehicle registrations for all vehicles listed below.
- Return signed application
- Enclose check or money order for fee payable to Tompkins County
 - ❖ Residential Permit - \$10.00 1st vehicle, 2nd vehicle no charge
 - ❖ Commercial Permits - \$20.00 first vehicle in a calendar year \$10.00 for additional vehicles, if purchased in the same year as the first permit

Return to:

**Tompkins County Solid Waste
122 Commercial Avenue
Ithaca, New York 14850
(607) 273-6632**

Name of Applicant: _____ **Phone:** _____
(If business: Use Business Name) (Last Name) (First Name) (Middle Initial)

Address: _____ **City:** _____ **Zip:** _____

Vehicle Description <small>(Year, Make, Model, Color)</small>	License Plate Number	Permit Issued <small>(County Use Only)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment is required at time of disposal.

I, _____ the applicant owning, operating, or directing the above described vehicle(s) will deliver to the Tompkins County Recycling & Solid Waste Center only wastes generated in Tompkins County and **MUST** place the permit sticker on the drivers side door window of the vehicle(s) to validate the permit.

My signature below certifies that the above information is true and correct. I further certify that I am fully aware of the regulations for use of the Tompkins County Recycling & Solid Waste Center. I will be responsible for removing the permit sticker if vehicle(s) is/are transferred or applicant moves from Tompkins County.

I waive, release and forever discharge any and all rights and/or claims, and further agree to indemnify and hold harmless Tompkins County its contractors, sub-contractors, staff, volunteers, Legislature, additional sponsors and contributors for any and all injuries and damages suffered by me (or my vehicle) that occur during or as a result of utilizing the Recycling & Solid Waste Center.

Date: _____

Applicant Signature