

**Town of Washington, Vilas County Wisconsin
Application for Transfer Station Permit**

Name: _____

Date: _____

Telephone: _____

Washington Township

Physical Address: _____

Mailing Address: _____

Reason for Application (Check those that apply and fill in the blanks)

Replacement. If a replacement permit is issued the original permit will no longer be honored at the Transfer Station and will be confiscated upon presentation. **Remit \$40.00 to have the permit replaced.**

Applicant has recently purchased a dwelling in the Town of Washington. This property was previously owned by _____.
Property address: _____;
Computer Number: _____.

Other: *(Please be specific)*

I certify that the above statements are true and correct.

Signature of applicant: _____

Name Printed: _____

Mail application with a return self-addressed stamped envelope to:

Town of Washington Treasurer

PO Box 1373

Eagle River, WI 54521

715-891-1271

TO BE COMPLETED BY TREASURER: Issued Permit #: _____ Re-Issued Permit #: _____