Town of East Hampton Mail in Recycling Permit Application

Primary Self Hauler Permit- \$115.00 Secondary Self-Hauler Permit*- \$40.00 Senior Citizens 65 & Older- \$55.00

Residents who self-haul solid waste and designated recyclables generated at their residences to the Town Recycling Center for disposal are required once a year to purchase a primary self-hauler permit. The permit is valid from April 1st to March 31st. Permits are not prorated, regardless of the date of purchase. Residents may also purchase a second permit by mail. Please include a copy of both vehicle registrations.

THE SECOND REGISTRATION MUST HAVE THE HOMEOWNER'S NAME AND ADDRESS PRINTED ON IT. Please call (631) 324-7191 with any questions.

- East Hampton Recycling Center Main Office 631-324-7191
 260 Springs Fireplace Road, East Hampton, NY 11937
- East Hampton Town Clerk's Office 631-324-4142 159 Pantigo Road, East Hampton, NY 11937

To apply by mail: Print the form and complete, and send the form with copies of the required information and a check or money order Payable to: **Town of East Hampton** (See Form on Next Page) to:

Town of East Hampton Sanitation Dept. 260 Springs Fireplace Road East Hampton, New York 11937

*Please note: We cannot accept insurance cards, Titles, Temporary

Registrations or Window Stickers

Town of East Hampton Mail in Application Form

I,	, being duly sworn, depose and say: I reside, own
property or lease property at East Hampton, Suffolk County, New York.	in the Town of
East Hampton, Surfork County, New York.	
	hicle registration(s) for a permit or permits as that you are submitting for your proof of residency
Valid vehicle registration(s) with my phys No P.O. Box addresses accepted as proof	ical Town of East Hampton street address. of residency.
A valid tax receipt for East Hampton Town current year, and vehicle registration(s) in the	
A valid voter registration card for East Har registration(s) in the voter's name	mpton Town and vehicle
A signed lease of property located in East registration(s) in the lessee's name.	Hampton Town and vehicle
Primary Mailing Address:	
First Name: Middle Initial:	Last Name:
Mailing Address:	
City: State:	Zip
* One Secondary Self-Hauler Permit per Pr	imary or Senior Primary permit
Signature:	
Phone Number:	
E-mail Address:	