

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

Name: _____ Date: _____

Address: _____ Phone: _____

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

- Original permit was lost. 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 _____ and located at _____ computer number _____.

- Other: (Please be specific)

I certify that the above statements are true and correct.

Signature of applicant: _____

Mail a self-addressed stamped envelope with this application:

Town of Washington Treasurer
2145 Pinewood Drive
Eagle River, WI 54521
(715)477-2745