



**Hanson Board of Health
Town Hall
542 Liberty Street
Hanson, MA 02341
(781) 293-3138
www.hanson-ma.gov**

ENROLLMENT FORM:

I hereby apply for a Hanson Transfer Station (TS) Permit sticker to be used only on the vehicle described below. I agree to comply with the Town of Hanson's T.S. Rules and Regulations, which are available on our website or in the Board of Health office. Vehicle must be registered in Hanson. Registration must be provided at time of application.

I understand that said Rules and Regulations provide among other things that the Permit Sticker;

1. Must be displayed on the inside windshield, driver side lower corner, of the above described vehicle,
2. Is not transferable to any other vehicle,
3. Must be surrendered to the Board of Health upon my no longer being a Hanson resident or upon sale of my vehicle.

I acknowledge that I am authorized to use the T.S. only for specifically authorized types of solid waste generated in the Town of Hanson, and I must place my waste in the area(s) assigned. I understand that the Board of Health, or their authorized representative, may at any time suspend or remove this permit and my privilege to use the T. S. if I fail to comply with the T.S. Rules and Regulations. I acknowledge that this T.S. permit remains the property of the Town of Hanson. I also certify under penalties of perjury that, as of the date of this application, I am a resident of the Town of Hanson at the below address provided herein and that all information supplied above is true and that this permit will be applied only to the vehicle so noted.

First vehicle:

Name: _____ Email: _____

Address:: _____ Tel # _____

Vehicle make: _____ Model: _____ Plate# _____

Second vehicle:

Name: _____ Email: _____

Address:: _____ Tel # _____

Vehicle Make: _____ Model: _____ Plate# _____

I agree to abide by the rules and regulations of the Transfer Station.

Signature of applicant

Date

FOR OFFICE USE ONLY: I have confirmed the address on the vehicle registration is a Hanson Address:

Sticker 1 # _____ Date issued: _____ Signature of employee: _____

Sticker 2# _____