

**Town of Chesterfield, NH**  
**Transfer Station Permit Application**

**Please Print Clearly**

**Date** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**First and Last Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Town** \_\_\_\_\_

**Mailing Address (If Different)** \_\_\_\_\_

\_\_\_\_\_  
**Plate Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Do you own the property?** \_\_\_\_\_ **If no, Owners Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**TO BE FILLED OUT BY ATTENDENT**

**Proof of Residency Provided** \_\_\_\_\_

**Chesterfield Town Employee issuing permit**

\_\_\_\_\_