

**2013**

**Town of Thetford Recycle Permit Application**

PO Box 126 Thetford Ctr., VT 05075

802-785-2922

**Name:** \_\_\_\_\_

Thetford resident?       YES       NO

Phone #: \_\_\_\_\_

# of stickers requested: \_\_\_\_\_

**If ordering by mail**, provide mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\$18 annual fee - includes all vehicles within household.**

\*\*\*\*\*for staff use only\*\*\*\*\*  
PERMIT NUMBER(S)  
& RECEIPT      \_\_\_\_\_  
CASH      or      CHECK      \_\_\_\_\_

TOWN OF THETFORD RECYCLE PERMIT RECEIPT  
Receipt for Purchaser  
PERMIT/RECEIPT #      \_\_\_\_\_  
CASH      OR      CHECK #      \_\_\_\_\_