



Clareville Transfer Station Waste Disposal Permit

Permit to be applied to front passenger side of vehicle

| Billing Information | Contact Information (if different from Billing) |
|--|---|
| Registered Owner of Vehicle: _____ | Name: _____ |
| Mailing Address: _____ | Mailing Address: _____ |
| Postal Code: _____ | Postal Code: _____ |
| Telephone: Work : _____ | Telephone: Work : _____ |
| Cell: _____ | Cell: _____ |
| email: _____ | email: _____ |
| Vehicle Information | |
| A. _____ I have not previously held an operating license (Permit) for the Clareville Transfer Station | |
| B. _____ I presently have an operating license (Permit) for the Clareville Transfer Station | |
| RENEWAL (required annually from date of issue) | |
| a) _____ For presently registered vehicle, License # _____ | |
| b) _____ For replacement of lost / damaged license # _____ | |
| NEW License | |
| c) _____ For additional vehicle not previously license | |
| d) _____ For another vehicle replacing one no longer in service | |
| (License # of vehicle not in service _____) | |
| Vehicle Make _____ | Model: _____ Year: _____ |
| Serial #: _____ | License Plate #: _____ |
| Vehicle type: _____ | |
| Waste Type: _____ | Garbage commercial _____ |
| | Garbage residential _____ |
| | Recycling _____ |
| Origin / Municipality: _____ | |
| Applicant Declaration | |
| I hereby certify that the information provided by me on this application is complete and accurate. | |
| Signature: _____ | Date: _____ |
| | day / month/ year |
| please send completed form to | |
| Eastern Regional Service Board 255 Majors Path, Suite 3 St. John's, NL A1A 0L5 Fax: 709.579.5392 email: info@easternwaste.ca | |
| Visit our office or Call Eastern Regional Service Board 709.579.7960 to provide payment (\$30 annual fee) | |

For Office use only: Waste Disposal Permit #: _____
 Date permit issued: _____
 Date permit expires: _____