

# Town of Thetford Recycle Permit Application

PO Box 126 Thetford Ctr., VT 05075

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 #	_____