

**TOWN OF HINSDALE  
LANDFILL PERMIT APPLICATION**

**APPLICANTS NAME AND ADDRESS**

---

---

---

Complete next item if the applicant does not own the residence

**PROPERTY OWNER'S NAME AND ADDRESS**

---

---

---

It is the applicant's responsibility to prove residency to the issuing town official or employee.  
If you are denied a permit, you have the right to appeal to the Board of Selectmen.

**VALIDITY**

This permit is valid until July 31, 2025 It is your responsibility to reapply at that time.

**CERTIFICATION**

I have been given a copy of the Hinsdale Landfill Ordinance and understand it is my responsibility to comply with the terms of the ordinance and that failure to do so will result in the revocation of this permit or a fine.

**SIGNATURE**

---

**FOR OFFICE USE ONLY**

**PERMIT ISSUED:** \_\_\_\_\_  
**PERMIT NUMBER:** \_\_\_\_\_  
**DATE ISSUED:** \_\_\_\_\_  
**BY:** \_\_\_\_\_

**PERMIT DENIED:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**BY:** \_\_\_\_\_  
**REASON:** \_\_\_\_\_