



# Town of Hingham

**Department of Public Works**  
25 Bare Cove Park Drive, Hingham, MA 02043  
Tel: (781) 741-1430 Fax: (781) 741-1432  
www.hingham-ma.gov

(Please Print)

## Transfer Station Permit (Sticker) Application

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Number Street Name Apt./Unit #

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Number Street Name Apt./Unit #

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Phone # Work Phone # Cell Phone #

Red Permit #   
Vehicle Year/Make: \_\_\_\_\_ / \_\_\_\_\_ Vehicle Model: \_\_\_\_\_  
Vehicle Color/Type: \_\_\_\_\_ / \_\_\_\_\_ Plate Number: \_\_\_\_\_

I hereby apply for a Hingham Transfer Station Permit Sticker to be used only on the vehicle described above. I agree to comply with the Town of Hingham's Transfer Station Rules and Regulations, which are available for public inspection at the Department of Public Works (DPW), 25 Bare Cove Park Drive, Hingham. I understand that said Rules and Regulations provide among other things that the Permit Sticker (1) must be displayed on the inside left windshield of the above-described vehicle, (2) is not transferable to any other vehicle, and (3) must be surrendered to the DPW upon my no longer being a Hingham resident.

I acknowledge that I am authorized to use the Transfer Station only for specifically authorized types of solid waste originating in the Town of Hingham, and I must place my waste in the area(s) assigned. Types of waste not generally authorized may be disposed of only on special days as announced by the DPW.

I understand that the Superintendent of Public Works, or his authorized representative, may at any time suspend or remove this permit and my privilege to use the Transfer Station if I fail to comply with the Transfer Station Rules and Regulations. I acknowledge that this Transfer Station Permit remains the property of the Town of Hingham. I also certify under penalties of perjury that, as of the date of this application, I am a resident of the Town of Hingham at the address provided herein and that all information supplied above is true and that this permit will be applied only to the vehicle so noted.

I agree to abide by the rules and regulations of the Transfer Station.

\_\_\_\_\_  
Signature of Applicant Date

**Office Use Only:**

RESIDENTIAL <input type="checkbox"/>	New <input type="checkbox"/>	Replaced <input type="checkbox"/>	Permit Number <input type="text"/>
COMMERCIAL <input type="checkbox"/>	Type of Work: <input type="text"/>	Cubic Yard Capacity: <input type="text"/>	Amount Paid <input type="text"/>
Permit issued by: _____		Signature of DPW Employee Date	

**PLEASE RECYCLE!** Recycling reduces the volume of waste entering landfills, saves energy and natural resources and in most cases results in savings for the Town which has a direct impact on your real estate bill.