



CITY OF NORTH ADAMS, MASSACHUSETTS

Inspection Services

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**Transfer Station Permit Application**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

License plate \_\_\_\_\_

Vehicle make, model, and color \_\_\_\_\_

_____ Resident	\$ 60.00	Permit number
_____ Additional / Resident (ONLY)	\$ 5.00	_____
_____ Non-Resident	\$ 80.00	Cash _____
_____ Commercial	\$ 85.00	Check _____
_____ Additional / Commercial	\$ 85.00	Date _____
_____ One day pass	\$ 10.00	