

**TOWN OF TUFTONBORO
TRANSFER STATION / RECYCLING CENTER
APPLICATION FOR DECAL**

Name: _____

Local Address: _____

Local Telephone Number: _____

Check where applicable: Property Owner ☐ Renter ☐ Island Resident ☐

If Renter, Owner's Name: _____

To Be Completed By Town Office:

Decal # 1: _____

Decal # 2: _____

Decal # 3: _____

Decal # 4: _____

Item	Quantity	Price Each	Subtotal
Decal		\$5.00	
Postage & Handling	----	\$1.00	\$1.00
TOTAL AMOUNT ENCLOSED			

Address where decal(s) should be mailed:

Street/PO Box _____

City _____ State _____ Zip _____

Please mail your completed application, along with your payment, to:

**Town of Tuftonboro
P.O. Box 98
Center Tuftonboro, NH 03816-0098**