

Division of Solid Waste Management
Broome County Landfill
286 Knapp Road
Binghamton, NY 13905
607-763-4434 Phone
607-763-4280 Fax

TO: Broome County Landfill Customers

SUBJECT: Residential Permit

Please complete and return this form to the Broome County Landfill

To save time weighing in/out, complete and return the form on the back of this page.

We will give you a FREE landfill sticker for your vehicle.

Attach it in a visible place on the Driver's side of your vehicle or be sure it is visible to the scale operator before you enter the scale

You have the option for your vehicle's empty weight to be stored in the scale computer so you can pay when you weigh in.

If you change vehicles, please notify the scale operator. We will give you a sticker with your number on it for the new vehicle.

QUESTIONS: Call 607-763-4434

HOURS: Monday - Friday 7:00 am - 2:45 pm
Saturday 7:00 am - 11:45 am

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Binghamton, NY 13905
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Official Use	Permit #: _____
	Tare Wght: _____
	People In: _____
	New Sticker: _____
	SMS: _____
	Excel: _____

Please write legibly

APPLICANT INFORMATION:

Name: _____ Home Phone No.: _____

Address: _____

_____ Work Phone No.: _____

VEHICLE INFORMATION:

Make/Year: _____ Does this vehicle replace one that had a landfill number assigned?

Plate No.: _____ Yes

Model: _____ No

Color: _____ Vehicle replaced?: _____

I certify that the vehicle listed on this form will haul only waste generated from my own residence in Broome County to the Broome County Landfill and that I have read Chapter 317 of the Broome County Consolidated Laws and agree to abide by its covenants.

By signing this application, the permittee shall indemnify and hold harmless Broome County and any of its officers, agents and employees from all claims, demands, causes of action and judgment arising out of injuries to persons and/or property of whatever kind of nature as a result of the fault of negligence or permittee, its employees, agents or family members in the permittee's use of a County owned and/or operated sanitary landfill.

I understand that if the completed permit application is inaccurate, it will be returned and use of the Broome County Landfill will be suspended until the permit is submitted correctly. The permittee agrees to pay all reasonable collection fees, including attorney fees and to notify the Division of any change in address, vehicle description, etc.

I herby affirm, under penalty of perjury, that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 201.45 of the Penal Law.

By my signature, I agree to be personally liable for all fees incurred as a result of this permit. The permittee has read the foregoing and knows the contents thereof that the same is true to the permittee's own knowledge.

(Printed/Typed Name) **(Signature)** **(Date)**