

ECOLOGY FACILITY PERMIT

Permit No.

Fee : \$10.00

One- time fee as long you are a resident of the Township of Washington

Resident Name: _____

Address: _____

Telephone: _____

Email: _____

Year and Make of Vehicles:

Present **one** of the following as proof of residency:

Driver's License: _____

Vehicle Registration: _____

Tax Bill: _____

Deed: _____

Other: _____

Approved: _____
Township Clerk Date

Cash

Check #