

**ECOLOGY FACILITY PERMIT**

Resident Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

Year and Make of Vehicles: \_\_\_\_\_

\_\_\_\_\_

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

Driver's License: \_\_\_\_\_

Vehicle Registration: \_\_\_\_\_

Tax Bill: \_\_\_\_\_

Deed: \_\_\_\_\_

Other: \_\_\_\_\_

Approved: \_\_\_\_\_  
Township Clerk

\_\_\_\_\_ Date

Fee: \$10.00 *One- time fee as long you are a resident of the Township of Washington*

Cash \_\_\_\_\_

Check \_\_\_\_\_