

**FOR OFFICE USE ONLY**

PERMIT # \_\_\_\_\_ RPLCD: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ CLERK: \_\_\_\_\_

RECEIPT# \_\_\_\_\_

( ) CASH CHECK # \_\_\_\_\_

( ) NEW ( ) RENEWAL

TOWN OF HUNTINGTON  
ANDREW P. RAIA, TOWN CLERK  
  
100 MAIN ST, HUNTINGTON, NY 11743  
631-351-3206

2023- 2024 APPLICATION FOR  
CLOTHES DROP-OFF BIN PERMIT  
(Chapter 92, Clothes Drop-Off Bins)

Fee \$25.00/ BIN

Permit Period: 7/1/2023 to 6/30/2024

**Please make check payable to: Andrew P. Raia, Town Clerk**

1. Name of Applicant: \_\_\_\_\_

2. Address (Residence): \_\_\_\_\_

3. **Mailing Address, if different than above):** \_\_\_\_\_

\_\_\_\_\_

4. Residence Telephone: \_\_\_\_\_ Bus. Telephone: \_\_\_\_\_

5. **Owner of Bin:** \_\_\_\_\_

Owner's Contact Person: \_\_\_\_\_ Tel. \_\_\_\_\_

6. Owner's Address: \_\_\_\_\_

7. Owner's Telephone: \_\_\_\_\_

8. **Location (Address) Where Bin is to Be Placed:**

\_\_\_\_\_

9. **Owner of Location Where Bin is to Be Placed:**

\_\_\_\_\_ Tel. \_\_\_\_\_

Owner's Contact Person: \_\_\_\_\_ Tel. \_\_\_\_\_

10. Charity that Clothes are Going to: \_\_\_\_\_ Tel. \_\_\_\_\_

Charity's Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

11. Clothes are Being Donated as (check one): Clothes \_\_\_\_\_ Rag Weight \_\_\_\_\_

12. If Rag Weight, Percentage Going to Above Charity \_\_\_\_\_

13. Bin Emptying Schedule: (circle one) Monthly Weekly Other

14. Emptying Schedule if "Other": \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_