



Clifton Park Household Hazardous Waste Day Registration Form and General Information

Date: Saturday, September 10, 2011

Time: 8 a.m. to 4 p.m.

Location: 22 Ray Road, near the town of Clifton Park Transfer Station

There will be signs to direct you.

Register using this form or online at:

www.cliftonpark.org

Register by Sept. 7

Call 371-6651 for information

After your registration is received, you will be assigned a registration number and appointment time. A confirmation will then be sent to you. **Please bring this confirmation with you on Saturday, Sept. 10.**

Instructions: You **MUST** complete the following to register:

1. Please list the types of hazardous materials you will be bringing to the collection on the reverse of this page.
2. Sign the *Certification Statement* on this form.
3. This completed form and proof of residency **MUST** be received in the Town Clerk's office at 1 Town Hall Plaza, Clifton Park NY 12065, or via the Town website; www.cliftonpark.org by **September 7th**.

PLEASE NOTE: As this is a well-attended annual event, applications received after the deadline date will be accommodated on a space available basis only.

Clifton Park Residents:

NON-HAZARDOUS ITEMS: will be collected during *BULK WASTE* Curbside Collection later this Fall. The collection and specific neighborhood dates will be in a direct mailing to Town of Clifton Park residents.

Halfmoon Residents:

HALFMOON RESIDENTS ONLY: If you do not want to transport your electronics to Hazardous Waste Day, the Halfmoon transfer station will accept electronics on a regular basis. TVs and Monitors are priced per pound. For more information, call 664-3127

Certification Statement

I certify that I am a resident of the Town of Clifton Park, Town of Malta, Town of Halfmoon (circle one) and that the waste listed on this form is household generated and that the wastes are not from any institutional, commercial, or industrial facilities, or any commercial farming operations. Any waste oil being brought for disposal is household generated and does not contain transformer oils, solvents or other chemical products.

Name (Signature)

Date

Select Preferred Drop-Off Time: AM _____ PM _____

PLEASE NOTE: While every effort is made to accommodate requests, all appointment time slots are filled on a 'first come first serve' basis. Changes will only be made under extreme circumstances at the discretion of the Special Collection Day Staff.

Office use only

REGISTRATION NUMBER

ASSIGNED ARRIVAL TIME

