

NEW FAIRFIELD DROP-OFF CENTER
41 BIGELOW ROAD
NEW FAIRFIELD, CT 06812
PHONE: (203) 312-5677

MUST SHOW/SEND COPY OF VALID REGISTRATION/S
Registration Form and Affidavit of Origin

Date of Application: _____

Owner or Lessee of Vehicle: _____

Address: _____

Alternate Address (if summer resident): _____

	Type of Vehicle	License Plate/ Marker No.	MV Code	Permit # Office Use
Car #1				
Car #2				

I, the undersigned, being the owner or lessee or a duly authorized agent of the owner or lessee of the above listed vehicle(s), hereby agree that neither I by myself nor any of my agents will allow to be deposited at the New Fairfield Drop-off Center any refuse or garbage which has not originated or come from within the Town of New Fairfield. I fully understand that if I make a statement that is untrue, and which is intended to mislead a public servant in the performance of his or her official function, I will be in violation of Section 53A-157 of the Connecticut General Statutes.

A False statement is punishable as a Class A misdemeanor, for which the maximum penalty is one year in jail and/or a one thousand dollar (\$1,000.00) fine.

Signature: _____

Passenger Vehicle - 01	\$10.00	Method of Payment
Combination - 03	\$10.00	Check # _____
Senior Over 65	\$ 5.00	Cash _____
Sherman Residents	\$20.00	_____
Commercial - 02	\$50.00	
Commercial/Business	\$50.00	