



Clifton Park Household Hazardous Waste Day Registration Form and General Information

Date: Saturday, September 9, 2017

Time: 8 a.m. to 2 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. 1

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. 9.***

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 1st**

TOWN OF MALTA AND BALLSTON RESIDENTS SHALL REGISTER AT THEIR TOWN HALL AND PAY ASSOCIATED FEES.

ELECTRONICS WILL NOT BE COLLECTED AT THIS EVENT—SEE LOCATIONS FOR ELECTRONICS DROP-OFF BELOW.

Clifton Park Residents:

You may recycle your electronic items at the Town's Transfer Station located at 217 Vischer Ferry Road. For more information, call 371-6669

Halfmoon Residents:

HALFMOON RESIDENTS ONLY: *The Halfmoon transfer station will accept electronics on a regular basis. For more information, call 664-3127*

Certification Statement

I certify that I am a resident of the Town of Clifton Park, Town of Ballston, 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