



Office of
Department of Public Works
Transfer Station Permit Application
July 1, 2025 - June 30, 2027

Access to the Transfer Station is limited to vehicles with a valid sticker issued by the Town. Stickers must be permanently affixed on the lower driver-side windshield as not to obstruct view, please see below diagram which is not to scale. Stickers must include the license plate # of the vehicle. Stickers are non-transferable and must remain on the vehicle for which it was purchased.

ELIGIBILITY:

Eligible vehicles must be owned or leased by a Medfield resident. Acceptable forms of proof include:

- Current Motor Vehicle Registration
- Insurance binder with the primary garaging address in Medfield

PRICING:

- **\$125.00** first vehicle
- **\$30.00** for any additional vehicle at the same address
- **\$100 Surcharge** if vehicle is not excise tax paying in Medfield. (Must show proof of residency.)
- Accepted forms of payment include credit card (fees apply) or check payable to the Town of Medfield.

INSTRUCTIONS:

Completed applications may be submitted:

- **In person** at the ground floor of Town Hall. (Please bring all documents with you to apply, see eligibility above)
- **Dropped off or mailed** to: Town of Medfield DPW, 459 Main St, Medfield, MA 02052
(Include a self-addressed, stamped envelope with all necessary documents. Copies of registrations will be shredded after review.)
- **Online** at town.medfield.net

Incomplete applications will not be processed until all required information is provided.

RESIDENTS NAME (Please Print): _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

STREET ADDRESS: _____

VEHICLE 1 PLATE #: _____ YEAR _____ MAKE _____ MODEL _____

VEHICLE 2 PLATE #: _____ YEAR _____ MAKE _____ MODEL _____

AMOUNT ENCLOSED: \$ _____

By signing below, I agree to comply with all rules of the Medfield Transfer Station, including, but not limited to, those on this form.

Signature

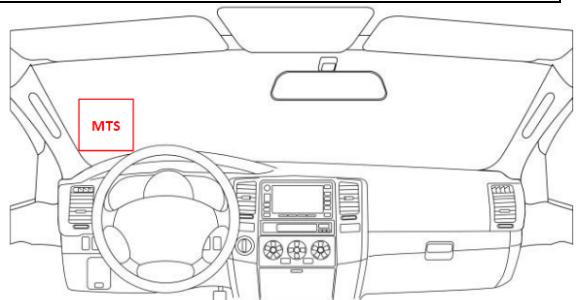
Date

FOR OFFICE USE ONLY:

Vehicle 1 Sticker #: _____ Vehicle 2 Sticker #: _____

Amount received: \$ _____ Payment type: _____

Date issued: _____ / _____ / _____ Issued by: _____



Any questions, please contact the DPW Office at dpwoffice@medfield.net or 508-906-3003