

**CLOTHES DROP-OFF BIN PERMIT APPLICATION**

(Chapter 92, Clothes Drop-Off Bins)

**Permit Period: 7/1/25 to 6/30/26**

(All permits expire on June 30<sup>th</sup>)

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

**Fee \$25. 00** (Make check payable to **Andrew Raia, Town Clerk**)

<b><u>FOR OFFICE USE ONLY</u></b>	
PERMIT # _____	RPLCD: _____
DATE ISSUED: _____	CLERK: _____
RECEIPT# _____	
( ) CASH	CHECK # _____
( ) NEW	( ) RENEWAL

**\*\*\*PLEASE PRINT ALL INFORMATION\*\*\***

1. Name of Applicant: \_\_\_\_\_
2. Address (Residence): \_\_\_\_\_
3. Address (Mailing, 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** \_\_\_\_\_

NAME Last
First
Middle Initial