BOARD OF HEALTH



Telephone (508) 580-7175 Fax (508) 580-7179

Dumpster Permit Application

Application Form must be filled out in its entirety. Form not properly filled out with all required information will not be accepted.

FEE: \$40.00 PER DUMPSTER (2 yr. permit)

Number of Dumpsters on Property

Date:

Total Fee enclosed \$_____

Number:

(office use only)

Application/Permit for a dumpster is hereby made at the following location:

| Location of dumpster(s): | | | |
|---------------------------------------|-------------------|-------------|---------------|
| | Number | Street | |
| Applicant's Information: | | | |
| | = = | | |
| Address: | | | |
| City/Town: | | | |
| Telephone: | | | |
| Property Owner's Informa | tion: (if same,) | write same) | |
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| | | | |
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| · · · · · · · · · · · · · · · · · · · | | | |
| Dumpster Company Inform | nation: | | |
| Name: _ | i, | | |
| Address: _ | | | |
| City/Town: | | a | |
| Telephone: _ | | | |
| | | | |
| Type of property: (please check one) | | | |
| Commercial | | | |
| Residential | | | |
| Ind | | | |
| Oth | er (please speci | fy) | |
| | | , s | |
| Name (print) | | Title | · |
| | | | |
| | | | |
| Signature | | Date | |
| | | | |
| * | | | |
| Signature (BoH Agent) | | Title | Date of Issue |