



BOARD OF HEALTH

50 The Common
Phillipston Ma. 01331
Tel./Fax. 978-249-1735

Portable Toilet Permit

Date of Initiation: _____ Date of Expiration: _____

Location: _____

Owner/Contractor Name & Address:

Portable Toilet Company:

Address:

Telephone:

Phillipston Board of Health Approvals: _____ Date: _____

