

Board of Health

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

Application for Solid Waste Hauler Permit

Date _____ Check No. _____ Permit No. _____

Business name _____

Owner's Name _____

Address _____

Telephone _____ Cell phone No. _____

Emergency contact information _____

Insurance Company _____

This is an annual permit expiring December 31, _____, issued by the Phillipston Board of Health, allowing dumpsters/ curbside collection of solid waste within the Town of Phillipston. All permits are subject to mandatory recycling services, liability insurance, and annual report of the households serviced within the town. All applications require a \$100.00 fee, copies of the insurance liability on your business and a workers' compensation affidavit, an inspection of the collection vehicle, a list of the items accepted for pickup and the waste facilities contracted for disposal. All haulers are subject to fines and penalties for creating a nuisance within the Town of Phillipston. I agree to these conditions:

Authorized Signature _____

COMPLAINT RECORD _____

Action Taken _____

Inspection Date _____ Reinspection Date _____

Comments

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Approved by _____ Date _____