



BOARD OF HEALTH

# Town of Boylston

221 Main Street  
Boylston, MA 01505  
Tel (508) 869-0143 X 222 (Main)  
508-869-6828 (Direct)  
Fax (508) 869-6210  
Email: boh@boylston-ma.gov

## APPLICATION FOR SEPTAGE HAULER'S PERMIT

FEE: \$100.00

**INSTRUCTIONS:**

1. Complete Application.
2. Complete the attached Workers' Compensation Insurance Affidavit. This **MUST** be included before a permit can be issued. Also include a copy of your Certificate of Liability Insurance Declaration page.
2. Attach a check for \$100.00 made payable to the Town of Boylston.
3. Mail to Boylston Board of Health, 221 Main Street, Boylston MA 01505.
4. Fees are non-refundable.

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Company Telephone \_\_\_\_\_

If Corporation or Partnership, give Names, Title and Home Address of Officers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identification Number of Vehicle or Combination \_\_\_\_\_

\_\_\_\_\_

does hereby apply for a **SEPTAGE HAULER'S PERMIT** in the Town of Boylston subject to the Rules and Regulations of The Board of Health of The Town of Boylston.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date