



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 TRASH HAULER'S PERMIT

FEE: \$100.00

INSTRUCTIONS:

1. Complete Application.
2. Complete a 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 TRASH 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