



Derek Fullerton, RS, CHO
Public Health Director

Town of Middleton
Board of Health
195 North Main Street
Middleton, Massachusetts 01949
978-777-1869
FAX 978-774-0718
www.middletonhealth.org



Public Health
Prevent. Promote. Protect.

Fee: \$100.00

Expires:

COMMONWEALTH OF MASSACHUSETTS
Application for Removal, Transport and Disposal of Garbage, Offal or Other Offensive Substances

In accordance with the laws of the Commonwealth of Massachusetts, the undersigned makes application to the Board of Health for permission to remove, transport and dispose of garbage, offal or other offensive substances as set forth below:

Name of Applicant: _____

Business Name: _____

Full Address: _____

Phone: _____ Fax: _____ Cell: _____

E-Mail Address: _____

List number and types of equipment and their capacity: _____

List areas where waste will be accepted from (and append customer list): _____

List all locations where waste will be disposed of (include a copy of the contract or the approval for the use of the disposal location): _____

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of garbage, offal or other offensive substances anywhere other than the identified disposal locations or others approved of the Board in writing as an amendment to this permit.

Date

Signature of Applicant