TOWN OF WENDELL

Board of Health

P.O. Box 41, Wendell, MA 01379

(978) 544-3395 ext. 106

boardofhealth@wendellmass.us

TRASH HAULER APPLICATION

Fee: $75.00

Name of Business: _____

Address of Business: _____

Business Phone: _____

Business Email Address: _____

Contact Phone Number: _____

Other Affiliations: _____

I have read sections Massachusetts General Laws Chapter 111, Section 31 and 31B, and 310 CMR (Massachusetts State Environmental Code) 11.02, and 310 CMR 19.00 and understand my responsibilities pertaining to solid waste management.

Applicant's Signature: _____

Applicant's Name (print): _____

Date of Application: _____

For Board of Health Use

Application Approved: YES or NO Date: _____ Permit Number:_____

Approving Authority Signature: _____