



# TOWN OF CHARLTON

37 MAIN STEET

CHARLTON, MA. 01507

508-248-2210

## BOARD OF HEALTH

**PERMIT #** \_\_\_\_\_

### APPLICATION FOR TRANSPORTATION OF OFFAL PERMIT

**FEE\$:** \$100.00 **PER TRUCK**

**DATE:** \_\_\_\_\_

Checks made payable to the *Town of Charlton*

**APPLICATION FEES ARE NON-REFUNDABLE**

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security/Federal ID#: \_\_\_\_\_

CIRCLE ONE: **TRASH HAULER/RECYCLING**

**SEPTIC HAULER**

Please List all Vehicles Operating in Charlton:

TRUCK #	REGISTRATION #	PERMIT #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Applicants are required to OFFER Recycling
- List of Hauling Routes/Days Operating in Charlton \*must be attached to this Application
- List facility used for Septage Hauler: \_\_\_\_\_  
Phone # \_\_\_\_\_
- Provide a (TRASH HAULERS) Semi-Annual Report of the following data:  
Number of residential customers  
Actual Tonnage of Refuse collected/disposed of  
Tonnage of Recyclables collected  
Name & Location of Recyclable Drop Off  
Name of Final Disposal Site

\*Certificate of Liability Insurance

**Signature of Applicant:** \_\_\_\_\_