

TOWN OF NORFOLK

Board of Health

APPLICATION FOR PERMIT

REFUSE HAULER

January 1, 2009 – December 31, 2009

Fee: \$ 75.00 per vehicle

Permit No. _____

Date: _____

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statues relating thereto, application for a Permit is hereby made by

Name: _____

Print full name of applicant (firm or corporation making application)

Location: _____

Number, Street, Town and Zip Code

Contact Person: _____

(Print Name)

Telephone No. _____

Email Address: _____

Complete following required information

Number of Vehicles: _____

Vehicle Registration Number(s): _____

Disposal Site: _____

Number Customers Served:

Residential: _____

Commercial/Industrial: _____

Municipal Buildings /Schools: _____

Number of Customers Receiving **Recycling Service** and **Check Recyclables Collected:**

Residential: _____ News____ Mixed Paper____ OCC____ Plastic____ Glass____ Metals____

Commercial/Industrial: _____ News____ Mixed Paper____ OCC____ Plastic____ Glass____ Metals____

Municipal Buildings/Schools: _____ News____ Mixed Paper____ OCC____ Plastic____ Glass____ Metals____

Recyclables Collected: *Check one* Weekly____ Bi-Monthly____ Monthly____

*Note – Mixed Paper includes magazines, catalogs, junk mail and office paper

I am familiar with and will abide by the rules and regulations for refuse and recycling collection as set forth by the Board of Health of Norfolk, Massachusetts. **Failure to abide by these rules and regulations and failure to submit monthly tonnage slips by the 10th of each month to the Department of Public Works @ 33 Medway Branch Rd, Norfolk, MA 02056 may result in revocation, suspension or modification of your permit.**

Signature of Applicant: _____

Address: _____

Approved by: _____

(Board of Health Agent)

Date Permit Approved/Issued: _____ Fee Collected: \$ _____