

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET
NORTH EASTON, MA 02356-0129
Tel. (508) 230-0620

**APPLICATION FOR PERMIT TO REMOVE, TRANSPORT AND DISPOSE
OF OFFAL OR OTHER OFFENSIVE SUBSTANCES**

Pursuant to Section 31A, Chapter 111 of the General Laws of the
Commonwealth of Massachusetts and the Rules and Regulations of the Easton Board of Health

DATE

Application is hereby made for permit to REMOVE, TRANSPORT AND DISPOSE OF OFFAL OR OTHER OFFENSIVE SUBSTANCES in accordance with Section 31A, Chapter 111 of the General Laws of the Commonwealth of Massachusetts as amended and subject to Rules and Regulations of the Easton Board of Health.

Check whether applicant is:

Individual Corporation Partnership Other

Print Complete Name of Organization: _____

Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

Name of Partners or Officers of Organization:

Name	Title	Address	Telephone

Name	Title	Address	Telephone

Signature of Applicant or Officer

Address

Permits expire at the end of the calendar year.

Please return the fee of \$150.00, payable to the Town of Easton and your workmen's compensation insurance information.

Please List Make, Year, Model and the Vehicle Registration Number for Trucks:

OFFICE USE ONLY

COMMENTS

_____ *Fee*
_____ *W.C. Affidavit*
_____ *W.C. Dec. Page*
_____ *Pumping Records Received*

Office Initial – Appl. Complete _____