

TOWN OF EASTON



BOARD OF HEALTH

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

**APPLICATION FOR DUMPSTER PERMIT**

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

Name of Applicant \_\_\_\_\_ Telephone Number \_\_\_\_\_

Location of Dumpster \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Owner of Property \_\_\_\_\_

Address \_\_\_\_\_

Type of Permit: ( ) Residential ( ) Commercial ( ) 30 Day Temporary ( ) 1 Year

Number of Rubbish Dumpsters \_\_\_\_\_ Number of Recycling Dumpsters \_\_\_\_\_  
(including grease, paper, etc.. No Charge)

Name of Company Servicing Dumpster: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Sketch Location of Dumpster:

*All permits expire at the end of the calendar year.*

*Please return this application with \$100.00 fee for each Rubbish Dumpster\*\* (\$15.00 for 30 Day Temporary), payable to the Town of Easton.*

***\*\*All renewal permits not received by January 1<sup>st</sup> will be assessed a late fee of \$50.00 per month.***

OFFICE USE ONLY  _____ Fee	COMMENTS
----------------------------------	----------