WRENTHAM
BOARD OF HEALTH
79 South Street, Wrentham, MA. 02093
Application for Removal of Rubbish, Garbage, Offal and Other Substances

Permit Number: _____

Date Received: _____

Total Fee: _____

Name of Applicant:	
Address of Applicant:	
Name of Business:	
Address of Business:	
Business Telephone:	Applicant Cell Phone:
Business Fax:	Email:
Please Mail Permit via ☐ Mail to Applicant ☐ Mail to Business ☐ Email (preferred)	

MAKE/MODEL/YEAR OF TRUCK	TRUCK REGISTRATION

PERMIT FEE: **$110 *per* TRUCK** NUMBER OF TRUCKS: _____

In accordance with Chapter 111, Section 31A of the General Laws, and amendments of the Laws of the Commonwealth of Massachusetts, I hereby petition the Wrentham Board of Health to issue a Rubbish, Offal and other Substances Removal Permit for the undersigned to engage in the practice of hauling or transporting the contents of trash containers, or other such containers containing trash/garbage substances in the Town of Wrentham. I agree to dispose of any such substances according to Massachusetts State Law.

_____ _____

Signature of Applicant Date