

TOWN OF WINCHENDON



Board of Health

Telephone (978) 297-3537
Facsimile (978) 297-1616

109 Front Street
Winchendon, Massachusetts 01475-1758

APPLICATION FOR PERMIT Temporary Chemical Toilet

Name and phone #: _____
(Full name of person, firm or corporation making application)

Address: _____

List names and phone numbers of the officers:

Number of Chemical Toilets: _____

Name, address and phone number of company that owns the chemical toilet:

Reason for requesting permit:

Address where chemical toilet will be placed and time period it will be there:
(Six month maximum)

Signature of applicant: _____ Date: _____

Please enclose a check or money order for \$25.00 per chemical toilet payable to The Town of Winchendon
A \$5.00 monthly charge will also apply