

TOWN OF WINCHENDON



Board of Health

109 Front Street  
Winchendon, Massachusetts 01475-1758

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

# APPLICATION FOR PERMIT To Haul Trash

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

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

List names and phone numbers of the officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of vehicles: \_\_\_\_\_ Number of years in business: \_\_\_\_\_

Year, make, capacity and registration number of vehicles:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location where product will be discharged: \_\_\_\_\_

References and any other additional information:

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please enclose a check or money order for \$250.00 payable to The Town of Winchendon