



## Board of Health

Town of New Salem

19 South Main Street . New Salem MA. 01355

Tel (978)544-9673 . Fax (978)544-9673

**Fee: please see fee schedule.**

### APPLICATION FOR TRANSPORTATION OF SEPTAGE, GARBAGE\* & TRASH

Date: \_\_\_\_\_ Permit applying for (garbage/ trash or septage): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_

*Signature indicates that you, as a permitted hauler, understand the below listed requirements and will follow such requirements for a permit as directed by the New Salem Board of Health in accordance with M.G.L. Chapter 111 Sections 31A and 31B.*

Number of Permitted Trucks: \_\_\_\_\_

Facility hauling waste to: \_\_\_\_\_

### REQUIREMENTS FOR ALL HAULERS:

Please include with submitted application

- ★ Certificate of insurance
- ★ Copy of vehicle(s) registration

If applying for more than one hauling permit, a separate application for each will need to be filled out and fees for both paid.

All checks must be made payable to the **Town of New Salem**