

TOWN OF NORFOLK

Board of Health

APPLICATION FOR PERMIT REFUSE HAULER

January 1, 2019 – December 31, 2019

Fee: \$ 75.00 per vehicle

Permit No. _____

Date: _____

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Name: _____

Print full name of applicant (firm or corporation making application)

Location: _____

Number, Street, Town and Zip Code

Contact Person: _____

(Print Name)

Telephone No. _____

Email Address: _____

Complete following required information

Number of Vehicles: _____

Vehicle Registration Number(s): _____

Disposal Site: _____

Number Customers Served:

Residential: _____

Commercial/Industrial: _____

Municipal Buildings /Schools: _____

Number of Customers Receiving *Recycling Service* and *Check Recyclables Collected*:

Residential: _____ News _____ Mixed Paper _____ OCC _____ Plastic _____ Glass _____ Metals _____

Commercial/Industrial: _____ News _____ Mixed Paper _____ OCC _____ Plastic _____ Glass _____ Metals _____

Municipal Buildings/Schools: _____ News _____ Mixed Paper _____ OCC _____ Plastic _____ Glass _____ Metals _____

Recyclables Collected: *Check one* Weekly _____ Bi-Monthly _____ Monthly _____

*Note – Mixed Paper includes magazines, catalogs, junk mail and office paper

I am familiar with and will abide by the rules and regulations for refuse and recycling collection as set forth by the Board of Health of Norfolk, Massachusetts. **Failure to abide by these rules and regulations and failure to submit monthly tonnage slips by the 10th of each month to the Department of Public Works @ 33 Medway Branch Rd, Norfolk, MA 02056 may result in revocation, suspension or modification of your permit.**

*Please note that the Town of Norfolk prohibits the operation of construction equipment, including trash, rubbish, or recyclable collection vehicles used to collect household waste, between the hours of 7 p.m. and 7 a.m., Monday through Saturday, and all hours on Sunday and all hours on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving & Christmas.

Signature of Applicant: _____

Address: _____

Approved by: _____
(Board of Health Agent)

Date Permit Approved/Issued: _____ Fee Collected: \$ _____