



## Board of Health

Town of Royalston

5 School Street PO Box 102 . Royalston MA. 01368

Tel (978)249-3617

Email: boh@royalston-ma.gov

**Fee: \$100**

### APPLICATION FOR TRANSPORTATION OF SEPTAGE & TRASH

Date: \_\_\_\_\_ Permit applying for (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 Royalston Board of Health in accordance with M.G.L. Chapter 111 Sections 31A and 31B.*

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

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

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#### 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 Royalston**