



Board of Health

Town of Royalston

5 School Street PO Box 54 . Royalston MA. 01368

Tel (978)249-3617

Email: boh@royalston-ma.gov

CK# _____

Date: _____

Fee: \$100 (All checks must be made payable to the Town of Royalston)

ANNUAL 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: _____

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.

