

2009 SEPTAGE HAULER PERMIT RENEWAL

Please fill in and return this application along with a check in the amount of \$100.00 by December 31, 2008, to be made payable to the Town of Westminster and return both the check and completed application to the following address:

Town of Westminster Board of Health, 11 South Street, Westminster, MA 01473

Also, please enclose a list with license plate numbers, model and make of all vehicles used by your company to transport septage.

I hereby apply for a Septage Hauler's Permit as required by 310 CMR 15.019 of the revised Title 5 of the State Environmental Code, which became effective on March 31, 1995

PLEASE PRINT ALL INFORMATION BELOW

Owner's Name: \_\_\_\_\_

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

Licensed Hauler: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

The undersigned agrees to abide by the requirements of Title 5 of the State Environmental Code as revised and became effective March 31, 1995, and its subsequent revisions. The undersigned also understands that any violation of Title 5, or the Board of Health Regulations, will be

sufficient cause for revocation of his/her Hauler's Permit.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_