

TOWN OF WINCHENDON



Board of Health

Telephone (978) 297-3537
Facsimile (978) 297-1616

109 Front Street
Winchendon, Massachusetts 01475-1758

**APPLICATION FOR PERMIT
To Haul Trash**

Name and phone #: _____
(Full name of person, firm or corporation making application)

Address: _____

List names and phone numbers of the officers:

Number of vehicles: _____ Number of years in business: _____

Year, make, capacity and registration number of vehicles:

Location where product will be discharged: _____

References and any other additional information:

Signature of applicant: _____ Date: _____

Please enclose a check or money order for \$200.00 payable to The Town of Winchendon