

TOWN OF WINCHENDON



Board of Health

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

109 Front Street  
Winchendon, Massachusetts 01475-1758

# APPLICATION FOR PERMIT Temporary Chemical Toilet

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

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

List names and phone numbers of the officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Chemical Toilets: \_\_\_\_\_

Name, address and phone number of company that owns the chemical toilet:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for requesting permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address where chemical toilet will be placed and time period it will be there:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please enclose a check or money order for \$10.00 per chemical toilet payable to The Town of Winchendon