



# **Needham Public Health Division**

178 Rosemary Street, Needham, MA 02494  
www.needhamma.gov/health

781-455-7940 ext. 504  
781-455-7922 (fax)



**Fee**  
Make check payable to  
Town of Needham/Health  
Department

## **APPLICATION FOR HAULER PERMIT**

In accordance with The Needham Board of Health Regulations, specifically Article 2 – Regulations for the Disposal of Refuse, the undersigned makes application to the Board of Health for permission to remove and transport refuse or garbage:

Name of Applicant: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

List number and types of equipment, their gallon capacity, date of vehicle inspection, and registration numbers of each vehicle (attach additional pages if needed): \_\_\_\_\_

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

List areas from where waste will be accepted (and append customer list): \_\_\_\_\_

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

List all locations where waste will be disposed (include a copy of the contract or the approval for use of the disposal location): \_\_\_\_\_

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

*I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of waste anywhere other than the identified disposal locations or others approved of the Board in writing as an amendment to this permit.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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