



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 MEDICAL WASTE HAULER PERMIT

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

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: _____