

Fee \$100

Permit # _____

Commonwealth of Massachusetts
Town of Egremont
P. O. Box 368, South Egremont, MA 01258
413-528-0182 fax 413-528-5465
email: jhaas@egremont-ma.gov

Application for Annual Garbage Hauler Permit

All permits expire December 31

In Accordance with M.G.L. c. 111, Section 31A and B, the undersigned makes application to the Board of Health for permission to collect, transport and dispose of garbage as set forth below:

Name of Applicant _____

Business Name: _____

Telephone Number: _____ Fax Number _____

Email: _____

List number and types of equipment, their tonnage or yardage capacity, and date of vehicle inspection (add additional pages if needed)

List all locations where garbage will be disposed of (include a copy of the contract or the approval for use of disposal location) if other than Egremont Transfer Station.

The Town requires that on a monthly basis a report showing the total tons and the location dumped of all recyclables not being dumped at the Egremont Transfer Station be given to the Board of Selectmen.

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 garbage anywhere other than the identified disposal locations or to fail to follow the guidelines approved by the Board and attached to this application.

Date _____ Signature of Applicant _____