

Permit # \_\_\_\_\_

**Fee: \$75.00 per vehicle**

Check # \_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS**

**TOWN OF NORTON  
BOARD OF HEALTH**

**APPLICATION FOR PERMIT FOR REMOVAL AND TRANSPORTATION OF GARBAGE**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Mailing Address (If different):** \_\_\_\_\_

**Owners Name (If different):** \_\_\_\_\_

**Social Security NO. / F.I.D. NO.:** \_\_\_\_\_

**Final destination of contents:** \_\_\_\_\_

**Please list the registration number and type of vehicles utilized within Norton:**

Registration Number	Type of Vehicle

**You must provide the following documents to the Board of Health:**

- 1) Garbage and other offensive materials shall be transported only in watertight vehicles or containers and shall be securely covered with wood or iron. Please contact the Board of Health office at 508-285-0263 to schedule an inspection of vehicle(s).**

**\*\* I understand that once the licenses are issued, they must be kept with each individual registered vehicle.**

**\*\* I have received and understand the Norton Board of Health, Rules and Regulations.**

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

\_\_\_\_\_  
**Date**