



TOWN OF CHARLTON

37 MAIN STREET
CHARLTON, MA. 01507
Tel: 508-248-2210
Fax: 508-248-2375

BOARD OF HEALTH

DATE: _____

APPLICATION FOR TRANSPORTATION OF (Trash/Recycle) OFFAL PERMIT

FEES: \$100.00 PER TRUCK made payable to the *Town of Charlton*

Name of Company: _____

Company Address: _____

Contact Person: _____

Phone Number: _____

Social Security #: _____

Or

Federal ID#: _____

Please List all Vehicles Operating in Charlton: ***ALL TRUCKS ARE REQUIRED TO OBTAIN A STICKER**

TRUCK #	REGISTRATION #
_____	_____
_____	_____
_____	_____
_____	_____

- Applicants are required to OFFER Recycling
- List of Hauling Routes/Days Operating in Charlton must be attached to application
- Provide a Semi-Annual Report of the following data:
 - Number of residential customers
 - Actual Tonnage of Refuse collected/disposed of
 - Tonnage of Recyclables collected
 - Name & Location of Recyclable Drop Off
 - Name of Final Disposal Site
- Certificate of Liability Insurance must be attached to application in order to obtain permit

Signature of Applicant: _____

APPLICATION FEES ARE NON-REFUNDABLE