



BOARD OF HEALTH
TOWN OF FOXBOROUGH

MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

APPLICATION FOR: Residential, Municipal, and Commercial Solid Waste Hauler
new January 2016

Application must be submitted 30 days before renewal date to avoid the late fee.

___ \$100.00 each trash truck/roll-off truck

___ Include \$200 **LATE FEE** IF submitted less than 30 days before renewal date.

BHP - _____ NO REFUNDS OR TRANSFER OF FUNDS
CHECK #: _____
DATE REC'D: _____

Company Name: _____ Telephone: _____

Business Address: _____

Mailing Address (if different): _____

Name of Owner/Contact Person: _____ Telephone: _____

Address of Owner/Contact Person: _____

Person in Charge _____ Cell phone: _____ Email _____

Back-up emergency Contact _____ Cell phone _____ Email _____

We hereby make application for a permit to engage in the business of collecting residential, municipal, and/or commercial solid waste (and recyclables) in the Town of Foxborough.

Vehicle #1 Make: _____ Model: _____ License Plate: _____
Truck Identification Number: _____ Capacity/Size: _____

Vehicle #2 Make: _____ Model: _____ License Plate: _____
Truck Identification Number: _____ Capacity/Size: _____

Vehicle #3 Make: _____ Model: _____ License Plate: _____
Truck Identification Number: _____ Capacity/Size: _____

*** List additional vehicles on a separate attached sheet ***

Additional Required Information:

1. Where is your **Primary** disposal location for solid waste? _____

Secondary disposal location for solid waste? _____

2. Where is your **Primary** disposal location for recyclables? _____

Secondary disposal location for recyclables? _____

3. List all other disposal sites used for other materials collected (yard waste, C&D, etc):

Material: _____ Disposal Location: _____

