



BOARD OF HEALTH
TOWN OF DUNSTABLE
TOWN HALL, 511 MAIN STREET
P. O. BOX 268
DUNSTABLE, MA 01827-1313
(978) 649-4514 Ext 229 FAX (978) 649-8893
health@dunstable-ma.gov

APPLICATION
TRASH AND RECYCLING HAULERS PERMIT

1. Name of Owner, Business or Entity:

2. Address:

3. Telephone Number:

4. Emergency Number:

5. Email Address:

6. Name, Address and Telephone Number where trash is taken.

7. Name, Address and Telephone Number where Recycling is taken:



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8. List number of residential homes picked up and the frequency:

9. List vehicle(s), make, model and plate number operating in Dunstable

PLEASE ATTACH PROOF OF LIABILITY AND PROPERTY INSURANCE

**MAKE CHECKS PAYABLE TO THE TOWN OF DUNSTABLE
AND MAIL TO THE DUNSTABLE BOARD OF HEALTH, P. O. BOX 268,
DUNSTABLE, MA**

Signature: _____ Date: _____