TOWN OF PELHAM

351 Amherst Road, Pelham, MA 01002
Phone: 413-253-7129 Fax: 413-256-1061

COLLECTION, REMOVAL, AND TRANSPORTATION OF SEPTAGE OR TRASH PERMIT APPLICATION

Fee: $125
Expires: Anually on December 31st

Date: _____ Type of Permit (Septage or Trash): _____

Applicant Name: _____ Applicant Title/Position: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Number of permitted trucks: _____

Facility hauling waste to: _____

_____

REQUIREMENTS FOR ALL HAULERS:

Please include with submitted application:

- Certificate of Insurance
- Worker's Compensation
- Copy of Vehicle(s) Registration

Signature of Applicant: _____ Date: _____

Signature indicates that you, as a permitted hauler, understand the requirements and will follow such requirements for a permit as directed by the Pelham Board of Health in accordance with M.G.L. Chapter 111 Sections 31A and 31B.

_____

OFFICE USE:

FEE COLLECTED: $_____ DATE FEE COLLECTED: _____

CHECK #: _____ PERMIT # ISSUED: _____