

BOARD OF HEALTH

TOWN OF UPTON



MASSACHUSETTS

Tel. - 508-529-6813 Fax - 508-529-0010
email: dtiernan@uptonma.gov

Mailing address: 1 Main Street, Box 3
Upton, MA 01568

Dumpster Permit Application

Date: _____ Application is for: Residential Commercial Municipal
check one

Applicant/Business Name: _____

Applicant Address: _____

Day Time Telephone Number: _____ Email: _____

Address where Dumpster is to be located: _____

Size of Dumpster:(yds. or cu. ft) _____ Number of Dumpsters at location: _____

Company/Contractor supplying dumpster _____

Address: _____

Telephone: _____

Is this company/contractor also supplying service for the dumpster? yes No

If no, please provide the service providers name, address and telephone number:

Date(s) requested for permit: Beginning _____ Ending _____
(90 day limit for residential permits. Extensions require a written request)

I have attached a copy of the written agreement between user and contractor for the installation, maintenance and/or servicing of the dumpster

I the above named applicant, have read the Upton Board of Health Dumpster regulations in its entirety and understand its contents.

Signature of Applicant: _____

FEES: Commercial Permit -\$25.00 per calendar year. **Residential Permit** - \$25.00 for 90 day period, \$50.00 for the first 90 day extension and \$100.00 for one additional 90 day period. **Municipal Permit** for town departments - No charge.

FEE RECEIVED: _____