

BOARD OF HEALTH

TOWN OF UPTON

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



MASSACHUSETTS

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

APPLICATION FOR REMOVAL OF GARBAGE OFFAL
OR OTHER OFFENSIVE SUBSTANCES

Chapter III, Section 31A, of the General Laws

Fee: \$150.00 per truck

Name of business: _____ Tel: _____

Street Address of Applicant: _____

Mailing address if different: _____

Town, State and Zip Code: _____

Email Address: _____

Registration #'s for Vehicle(s):

1) _____ 2) _____ 3) _____
4) _____ 5) _____ 6) _____

I hereby apply to the Upton Board of Health for a permit to Remove, Transport and Dispose of the following offensive substances:

Check all that apply

- () Garbage/Refuse (**requires solid waste & recycling tonnage reports be submitted to the BOH**)
() Cesspool, Privies, or Septic Tank Effluent (**requires System Pumping Records be submitted to the BOH**)
() Manure
() Other offensive substance (define): _____

By signing below, I understand and agree to follow all state and local requirements pursuant to this permit. I understand that failure to submit the required reports will be just cause for revocation of my permit.

Date: _____

Signature: _____

Printed Name: _____