

# 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: \_\_\_\_\_