



# Town of Brookfield

## BOARD OF HEALTH

6 Central Street

Brookfield, Massachusetts 01506

Tel: (508) 867-2930 Ext. 22 / Fax: (508) 867-5091

### APPLICATION FOR TRANSPORTATION OF OFFAL PERMIT

**FEES:** \$125.00 *permit fee/non refundable*

**DATE:** \_\_\_\_\_

Checks made payable to the *Town of Brookfield*

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security/Federal ID#: \_\_\_\_\_

CIRCLE ONE:     **TRASH HAULER/RECYCLING**                    **SEPTIC HAULER**

Please List all Vehicles Operating in Brookfield:

TRUCK #	REGISTRATION #	PERMIT #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- List of Hauling Routes/Days Operating in Brookfield \*must be attached to this Application
- List facility used for **Septage Hauler**:

\_\_\_\_\_

Phone #

- Provide a (TRASH HAULERS) Semi-Annual Report of the following data:  
Number of residential customers  
Actual Tonnage of Refuse collected/disposed of  
Tonnage of Recyclables collected  
Name & Location of Recyclable Drop Off  
Name of Final Disposal Site

\_\_\_\_\_  
*Signature of Applicant*