



# OFFICE OF THE BOARD OF HEALTH TOWN OF BROOKFIELD

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## APPLICATION FOR TRANSPORTATION OF OFFAL PERMIT \$150.00 per truck (\$200.00 after 12/31) - PAYMENT DUE WITH APPLICATION Remit application and payment to: Town of Brookfield (at above address)

Name of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

Number of permitted trucks: \_\_\_\_\_

What facility(s) do you transport sewage or trash to: \_\_\_\_\_

### DESCRIPTION OF VEHICLES

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Type: \_\_\_\_\_

Capacity: \_\_\_\_\_ Color: \_\_\_\_\_ Plate No.: \_\_\_\_\_

### REQUIREMENTS:

#### Sewage Haulers require:

- \* Certificate of insurance
- \* Copy of vehicle(s) registration

#### Trash Haulers

- \* Certificate of Insurance
- \* Copy of vehicle(s) registration
- \* Security Bond
- \* Trash hauling route list

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

APPROVED BY: \_\_\_\_\_

REJECTED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_