



Town of Hull

HEALTH DEPARTMENT

TEL: (781) 925-2224
FAX: (781) 925-2228

253 ATLANTIC AVE
HULL, MA 02045

2009
APPLICATION TO TRANSPORT GARBAGE, REFUSE
IN THE TOWN OF HULL

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 31A OF CHAPTER 111 OF THE GENERAL LAWS AND THE RULES AND REGULATIONS OF THE HULL BOARD OF HEALTH, THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO COLLECT AND TRANSPORT GARBAGE AND REFUSE IN THE TOWN OF HULL FOR THE PERIOD ENDING DECEMBER 31, 2009.

PERMIT FEE: \$100.00 per truck

#COMMERCIAL _____
#RESIDENTIAL _____

NAME OF APPLICANT _____
(Individual, Partnership or Corporation)

BUSINESS ADDRESS _____

NAME OF CONTACT PERSON _____

HOME ADDRESS _____

BUSINESS PHONE _____ HOME PHONE _____

NUMBER OF TRUCKS _____ TYPE OF TRUCK _____

CAPACITY OF TRUCK _____ DISPOSAL SITE _____

MVD REGISTRATION OF TRUCKS _____

I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE HULL BOARD OF HEALTH AND FAILURE TO DO SO WILL CAUSE SAID PERMIT TO BE REVOKED.

DATE _____ SIGNATURE _____

TITLE _____