

# Town of Lancaster



## Trash Hauler Permit Application

Instructions: Please attach a copy of your pick-up schedule, fee schedule and certificate of liability coverage to this form. Please note that the minimum liability coverage required is \$1,000,000.

The application fee is \$200 for the first truck and \$150 for each additional truck. Please make the check payable to: "The Town of Lancaster" and submit to the Lancaster Board of Health, P.O. Box 65, Lancaster, MA 01523

Company Information		
Company Name		
Location Address		
City, State ZIP Code		
Mailing Address (if different)		
City, State, ZIP Code		
Emergency 24-hour Telephone #		
E-Mail Address		
Type of Service	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
Owner Information		
Full Name		
Address		
City, State, ZIP Code		
Telephone #		
E-Mail Address		
Truck Information <i>(Use the back of this form to list additional trucks)</i>		
Registration Number	State	Capacity in Gallons
Disposal Sites <i>(List the names and addresses of the disposal sites that will be used)</i>		

Pursuant to M.G.L. Ch. 62C sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have files all state tax returns and paid all state taxes required under law.	
Social Security # or Tax ID #	_____
Signature of Individual or Corporate Name	_____
Signature of Corporate Officer (if applicable)	_____

For Office Use			
Date Submitted	Fee	Date Approved/Denied	Permit Number(s)