



TOWN OF LANCASTER, MASSACHUSETTS

APPLICATION FOR DUMPSTER PERMIT

Date: _____

Applicant Name: _____

Address: _____

Telephone: (W) _____ (C) _____

Email: _____

Dumpster Location: _____

(use reverse side to list additional locations)

Number of Trash Dumpster: _____ Number of Recycling Dumpsters or Carts _____

Usage: Commercial: _____ Residential: _____

Dates of Use: From _____ to _____

Service Hauler: _____

The permit for dumpster placement will be issued by the Board of Health after written approval by the applicable authorities and payment of the fee to the LBOH (*checks made payable to Town of Lancaster*).

Please submit completed application with payment to: *Lancaster Board of Health*
701 Main Street, Suite 6
Lancaster, MA 01523

Fee = \$10.00 per trash dumpster per location

Permit Fee: _____

Permit #: _____