



Tracy L. Mayo, R.S./R.E.H.S.
Health Agent

TOWN OF DUXBURY

BOARD OF HEALTH
TOWN OFFICES
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INDIVIDUAL PERMANENT DUMPSTER PERMIT APPLICATION

FEE IS \$20 PER DUMPSTER

Name of business: _____

Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Name of Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Size of dumpster in cubic yards: _____

Location of dumpster: _____

On the back of this application, please sketch an outline of the property showing the locations of buildings and the location of the dumpster.

Businesses/individuals authorized to use dumpster:

Company servicing dumpster: _____

I have read the Duxbury Solid Waste Regulations. I understand their requirements and agree to abide by them. I understand that violation may be a basis for revocation of this permit.

Signature of Applicant: _____

Date: _____