



TOWN OF WAYLAND

Board of Health

41 COCHITUATE ROAD
WAYLAND, MASSACHUSETTS 01778

Fee Paid _____ Check # _____

JULIA JUNGHANNS, R.S.,
C.H.O.
DIRECTOR OF PUBLIC HEALTH
TEL. (508) 358-3617
FAX (508) 358-3619
www.wayland.ma.us

Munis App/Permit# _____

REFUSE HAULER/COLLECTOR APPLICATION

The undersigned hereby applies for a permit to collect refuse in the Town of Wayland. This permit expires on June 30 of the fiscal year granted.

Full name of person or persons, firm, or corporation making this application:

Address

Contact Name:

Telephone number:

Contact Cell:

Contact Email:

Type of Hauling T= Residential Trash Disposal

R= Roll-off Dumpster

Use Attachment if necessary

DESCRIPTION OF VEHICLE(S)

TYPE:

REGISTRATION NUMBER(S)

_____	_____	_____
_____	_____	_____
_____	_____	_____

No person shall remove or transport rubbish, garbage, offal or other offensive material through any public street, court, lane or way without first obtaining a permit from the Board of Health, and provided further that he/she shall remove and transport the material herein mentioned in accordance with such reasonable rules and regulations as may be established by the said Board. The Board of Health may revoke a permit at any time for cause. No permit shall be transferred except with the approval of said Board. Carts or vehicles used for transporting offensive material shall be watertight and shall be securely covered with wood,, iron or canvas cover. Nothing in this section shall be so construed as to prevent a householder from disposing rubbish, garbage, offal or other offensive material from his household without a permit from the Board of Health provided he shall remove, transport, or dispose of such rubbish, garbage, offal or other offensive material in a manner satisfactory to the said Board of Health.

Signature of applicant

Date