

TOWN OF ROCKLAND

Board of Health

Town Hall
242 Union Street
Rockland, Massachusetts 02370



November 4, 2016

Dear Applicant:

Enclosed is your application for Trash & Septage Haulers Fiscal Year 2017 which is required each year for consideration. Applications must be filed with the Board of Health Office by **December 05, 2016**.

Please provide the following documents:

- Completed application
- Certificate of Insurance
- List of residents or businesses
- Check made payable to the *Town of Rockland* in the appropriate amount

It is important the applicant signs and completes all sections of application, incomplete applications will be returned. ***Any Company picking up before 7:00 AM will be subject to a fine. NO Exceptions***

Thank you for your prompt attention to this matter. If you have any questions, please contact me at (781) 616-6815

Sincerely,

Delshaune R. Flipp
Administrative Assistant



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2017 HAULERS APPLICATION

Date: _____ NEW: _____ RENEWAL: _____

FID # _____

Name: _____ Tele: _____

Address: _____

Business Address: _____

Mailing address: _____

Vehicle Type: _____ License Plate: _____ State _____

Disposal Site: _____

List of Customers with Address & Telephone

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

****NO DUMPSTER PICK UP BEFORE 7:00 AM****

**** NO HAZARDOUS MATERIALS ARE TO BE PICKED UP****

**** NO RESIDENTIAL CURBSIDE PICK UP – PROPERTY MUST HAVE
DUMPSTER****

\$ 125.00 PER PERMIT

Trash Hauler Permit - Business _____

Trash Hauler Permit – Residential _____
(Dumpsters Only No Curbside Pick-up)

Septage Hauler Permit - _____

Applicant's Signature _____