TOWN OF ROCKLAND
Board of Health
Town Hall
242 Union Street
Rockland, Massachusetts 02370

PRIVATE TRASH FORM

Residents that have opted out of Town Trash service are required annually to complete and attach required documents.

Name: _____Telephone #:_____

Address: _____

Email Address: _____

HAULER INFORMATION

(The Town of Rockland has a mandatory Recycling Policy which must be adhered to)

Trash Hauler: _____

Recycling Hauler: _____

I/We the undersigned hereby acknowledge I/We have received a copy of the Dumpster & Recycling Rules and Regulations of the Rockland Board of Health.

Signature_____

Telephone: (781) 878-1874 ext. 1005 Fax: 781-871-2644

HealthDepts@rockland-ma.gov