



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

# TOWN OF DUXBURY

BOARD OF HEALTH  
TOWN OFFICES  
878 TREMONT STREET  
DUXBURY, MASSACHUSETTS 02332-4499

Telephone (781) 934-1100  
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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: \_\_\_\_\_