



# Town of Blackstone Board of Health

15 St. Paul Street  
Blackstone, MA 01504  
508.876.5129 or 508.876.5130  
Fax: 508.883.6335

Kevin J. Ryan  
Chairman

## APPLICATION FOR TRANSPORTATION OF (Trash/Recycle) OFFAL PERMIT

**FEES: \$300.00 PER TRUCK** (Made payable to the Town of Blackstone)

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ OR Federal ID #: \_\_\_\_\_

Please List All Vehicles Operating in Blackstone: **ALL TRUCKS REQUIRED TO OBTAIN A STICKER**

TRUCK #	MAKE	MODEL	REGISTRATION # (Copy Required)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Applicants are required to OFFER Recycling
- List of Hauling Routes/Days Operating in Blackstone must be attached to application.
- Provide a Semi-Annual Report of the following data:
  - Number of residential customers
  - Actual tonnage of refuse collected/disposed of
  - Tonnage or recyclables collected
  - Name & Location or recyclable drop off
  - Name of final disposal site
- Certificate of Liability Insurance must be attached to application in order to obtain permit. Make checks payable to the Town of Blackstone.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_