TOWN OF DOUGLAS
BOARD OF HEALTH
29 DEPOT STREET
DOUGLAS, MA 01516

(508) 476-4000 Ext. 352 **508-476-0023 FAX**
mbacon@douglasma.org **508-476-1619 TTY**

DATE: _____ CMR15.02(3)

APPLICATION FOR A LICENSE TO HAUL SEPTAGE

I, _____ DBA _____
(Company Name)

and located at _____
(address and/or mailing address)

hereby apply for a license to remove and transport offal within the **Town of Douglas** for

the year _____.

BUSINESS PHONE NUMBER: _____

EMERGENCY PHONE NUMBER OR CELL: _____

_____
Signature

FEE: $ 50.00

Please return this form to the Board of Health at the address above with your check made payable to "The Town of Douglas".

In accordance with 310 CMR 15.502 (3), the Board of Health must keep on file a list of your disposal site(s). Please list below.

_____

_____

_____

** **Disposal vehicles are subject to inspection at any time.**

w/application to haul septage
revised 11/3/05

TOWN OF DOUGLAS IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.