



**Town of Southborough
Board of Health**
9 Cordaville Road, Lower Level
Southborough, MA 01772-1662

Phone: (508) 481-3013

FOR BOARD OF HEALTH USE ONLY

Date Received:

Total Permit Fee: \$300

Fee Paid:

Permit # Issued:

APPLICATION FOR RESIDENTIAL RUBBISH REMOVAL PERMIT

(Paper, cardboard, glass bottles, metal cans/containers, plastic, garbage, offal or other offensive substances)

1) Business Name:	
2) Business Address:	
3) Mailing Address, if Different:	
4) Phone #:	5) Email:
6) Name & Title of Applicant: (Contact person for questions/concerns)	
7) Applicant's Phone #:	8) Email:
9) List number and types of equipment (add additional pages if need or attach list):	
10) Estimate of biannual (June 30th and Dec. 31st) tonnage: (see sheet #2)	

This permit expires one year from date of issue. This application must be accompanied by a check in the amount of **\$300** payable to the "Town of Southborough".

Pursuant to MGL, Ch. 62C, Sec 49A, I certify under penalty of perjury that, to the best of my knowledge and belief, I have filed all State tax returns and paid all State taxes required under law.

Social Security Number or Federal ID: _____

Signature of Applicant: _____ Date: _____

This Permit was adopted by the Southborough Board of Health under Massachusetts Transportation, Disposal, and FLOW CONTROL of Municipal Solid Waste Statutes, MGL, Ch. 111, Sec 31A & B.
Approved December 2020



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Estimate of Tonnage Picked up in the Town from Residential Generators/Households/
Apartments/Condominiums/Group Housing

Month & Year	Total Estimated Tonnage

Please submit to the Southborough Board of Health when completed.