



Board of Health

Town of New Salem

19 South Main Street . New Salem MA. 01355

Tel (978)544-9673 . Fax (978)544-9673

Fee: **\$100**

APPLICATION FOR TRANSPORTATION OF SEPTAGE, GARBAGE* & TRASH

Date: _____ Permit applying for (garbage/ trash or septage): _____

Applicant Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Signature of Applicant: _____

Signature indicates that you, as a permitted hauler, understand the below listed requirements and will follow such requirements for a permit as directed by the New Salem Board of Health in accordance with M.G.L. Chapter 111 Sections 31A and 31B.

Number of Permitted Trucks: _____

Facility hauling waste to: _____

REQUIREMENTS FOR ALL HAULERS:

Please include with submitted application

- * Certificate of insurance
- * Copy of vehicle(s) registration

If applying for more than one hauling permit, a separate application for each will need to be filled out and fees for both paid.

All checks must be made payable to the **Town of New Salem**