



**TOWN OF NORTH BROOKFIELD**  
MASSACHUSETTS 01535

**OFFICE OF THE BOARD OF HEALTH**  
215 North Main Street  
Telephone: 508-867-0201  
Fax: 508-867-0046  
Email: [health@northbrookfield.net](mailto:health@northbrookfield.net)  
Website: [www.northbrookfield.net](http://www.northbrookfield.net)

## **APPLICATION FOR TRANSPORTATION OF OFFAL PERMIT**

**\$200.00 + \$50.00/truck – PAYMENT DUE WITH APPLICATION**

Remit application and payment to above address, checks payable to the Town of North Brookfield

Name of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

***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 North Brookfield Board of Health in accordance with M.G.L. Chapter 111 Sections 31A and 31B.***

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Number of permitted trucks: \_\_\_\_\_

What facility(s) do you transport sewage or trash to: \_\_\_\_\_

### **DESCRIPTION OF VEHICLES (more than 1 vehicle - use separate sheet of paper)**

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Type: \_\_\_\_\_  
Capacity: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_

### **REQUIREMENTS:**

#### **Sewage Haulers require:**

##### **Sewage Haulers require**

- Certificate of Insurance
- Workers' Compensation Insurance Affidavit
- Copy of vehicle(s) registration

##### **Trash Haulers require:**

- Certificate of Insurance
- Workers' Compensation Insurance Affidavit
- Copy of vehicle(s) registration
- Trash Hauling Route List (weekly/monthly pick-ups)

#### **BOARD OF HEALTH USE ONLY**

Permit #: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Rejected By: \_\_\_\_\_