

**APPLICATION FOR PERMIT TO REMOVE AND TRANSPORT REFUSE
IN THE TOWN OF HARDWICK**

Hardwick Board of Health
PO Box 575, 307 Main Street
Gilbertville, MA 01031
413-477-6197 x 108

Date of application _____

Company name _____

Business address _____

Mailing address (if different) _____

Name of owner _____

Address of owner _____

Name of corporation (if applicable) _____

Name of local Agent _____

Local phone number _____

List all trucks to be used in Hardwick and attach proof of insurance (see part III, 1d above).

	<u>VEHICLE TYPE</u>	<u>VEHICLE SIZE</u>	<u>LICENSE PLATE #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

PERMIT FEE (\$100 for first truck, \$50 for each additional truck)

For Board of Health Use only	Date rec'd	Date issued:	Permit No.	Valid dates:	Cash: Check:

HAULER REPORTING FORM

HAULER NAME & ADDRESS

PERIOD

Category	Customer Count	MSW tons	Recyclables Paper tons	Co-mingled tons	Other	Total Tons
Single Family						
Multi-Family						
Business/ Commercial						
Municipal						
Schools						
Other						

Disposal sites for solid waste – name(s) and address(es)

Market or processing site(s) for recyclables – name(s) and address(es)
