



Hardwick Board of Health

PO Box 575, Gilbertville MA 01031

Telephone (413) 477-6197 x108

Fax (413) 477-6703

Email: boh@townofhardwick.com

REFUSE/TRASH HAULER'S PERMIT APPLICATION

1. Fill out the application and attach a check for \$150.00 made payable to the Town of Hardwick.
2. Mail to Board of Health, PO Box 575, Gilbertville MA 01031.
3. Fees are non-refundable.
4. **Proof of Worker's Compensation Insurance and Certificate of Liability Insurance *MUST* be provided before a Permit can be issued. If no coverage is required, a sworn affidavit must be submitted.**

Name of Applicant: _____

Address: _____

City/State/Zip: _____

Company Telephone: _____

If Corporation or Partnership, list Names, Title and Home Address of Officers:

Identification Number(s) of Vehicle(s) or Combination:

Does hereby apply for a **TRASH HAULER PERMIT** in the Town of Hardwick, subject to the Rules and Regulations of the Board of Health of the Town of Hardwick.

Applicant Signature

Date