



Town of Franklin

HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

PERMIT # _____

FEE \$ 45.00

APPLICATION FOR REMOVAL OF GARBAGE OFFAL OR OTHER OFFENSIVE SUBSTANCES Chapter III, Section 31A, of the General Laws

To: Franklin Board of Health

Name of Applicant: _____ Tel: _____

Address of Applicant _____

Street

City or Town

Zip Code

I hereby make application to the Franklin Board of Health for the Removal of, and Transport of, within the limits of the Town of Franklin.

| GARBAGE | RUBBISH | CESSPOOL PRIVIES SEPTIC CONTENTS TANK | MANURE OTHER |
|---------|---------|--|-----------------|
| | | | |
| | | | |

EQUIPMENT:

Type of Truck _____

Capacity _____ Gallons _____ YARDS _____

Inspected by Board of Health YES _____ NO _____

Date of Inspection _____

DISPOSAL AREA

Private _____

Has the site been approved by Local Authorities? _____

Name of Town and Location: _____

State what _____ Sewage _____ Rubbish _____ OTHER _____

Town Owned _____

Has permission been approved by Local Authorities? _____

Name of Town and Location: _____

State what _____ Sewage _____ Rubbish _____ OTHER _____

Sewage - Estimate Gallons per year _____

Rubbish - Estimate Tons or Yards per year _____

Other - Estimate _____

Date _____ Signature of Applicant _____

Phone: (508) 520-4905 • Fax: (508) 520-4989 • Website: www.franklin.ma.us



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