



**TOWN OF MIDDLEBOROUGH  
BOARD OF HEALTH**

**Fee \$200.00**

**To the Board of Health of the Town of Middleborough:**

**Application is hereby made for a permit to:**

**COLLECT/TRANSPORT RUBBISH**

**Name of Applicant** \_\_\_\_\_

**Type of Facility** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**If Applicant is a partnership, full name and residence of all partners:**

\_\_\_\_\_  
\_\_\_\_\_

**If Applicant is a corporation, full name and address of:**

**President** \_\_\_\_\_

**Treasurer** \_\_\_\_\_

**Clerk** \_\_\_\_\_

\_\_\_\_\_  
**Signature & Date**