

PAYABLE BY CHECK OR MONEY ORDER TO CITY OF SPRINGFIELD

FEES:

LICENSE: \$100

PER TRUCK: \$25

PER PORTABLE

TOILET: \$15

**SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
311 STATE STREET
SPRINGFIELD, MA 01105**

(413) 787-6740 : (413) 787-6458 FAX : (413) 787-6745 TTY



**APPLICATION FOR PERMIT/TO REMOVE, TRANSPORT OR DISPOSE OF
SEWAGE, SLUDGE, OR HUMAN EXCREMENT**

IN ACCORDANCE WITH TITLE V OF STATE SANITARY CODE AND 310 CMR 15.00 THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO REMOVE, TRANSPORT OR DISPOSE OF SEWAGE, SLUDGE, LIQUID TOXIC WASTE OR HUMAN EXCREMENT.

***** PLEASE TYPE OR PRINT *****

DATE: _____

APPLICANT/COMPANY NAME: _____ TEL. NO: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

IF COMPANY, OWNER(S) NAME: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP CODE

OF VEHICLES: _____ # OF PORTABLE TOILETS: _____

VEHICLE REGISTRATION NO'S: _____

TYPE OF EQUIPMENT: _____

METHODS USED: _____

DISPOSAL FACILITY INFORMATION: _____
COMPANY NAME TEL. NO

ADDRESS CITY STATE ZIP CODE

PURSUANT TO M.G.L. CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

SOCIAL SECURITY # / FEDERAL ID #

CORPORATE NAME / SIGNATURE OF APPLICANT

CORPORATE OFFICER (IF APPLICABLE)