



TOWN OF ROCKLAND

Board of Health

242 Union Street Rockland, MA 02370

Tel 781-871-1874 X1005 Fax 781-871-2644

Chairman:
Scott Margolis

Vice Chairman:
Christine Stuart

Member:
Cecilia L. DeRosa

Health Agent:
Delshaune Flipp

Fee: \$10.00 – Curbside Residents
\$20.00 – Private Service

ANNUAL ENROLLMENT FORM:

I hereby apply for a Rockland Recycling Center (RRC) Permit sticker to be used only on the vehicle described below. I agree to comply with the Town of Rockland’s Rules and Regulations. Vehicle must be registered in Rockland. **Registration must be provided at time of application.**

I understand that the Permit Sticker:

1. Must be displayed on the inside windshield, driver side lower corner,
2. Is not transferable to any other vehicle,

I acknowledge that I am authorized to use the RRC only for specifically authorized types of material, and I must place my waste in the area(s) assigned. I understand that the Board of Health, or their authorized representative, may at any time suspend or remove this permit and my privilege to use the RRC if I fail to comply with the RRC Rules and Regulations. I also certify under penalties of perjury that, as of the date of this application, I am a resident of the Town of Rockland at the below address provided herein and that all information supplied above is true and that this permit will be applied only to the vehicle so noted.

Name: _____ Email: _____

Address: _____ Tel # _____

First vehicle: Plate# _____

Vehicle Year _____ Make: _____ Model: _____

Second vehicle: Plate# _____

Vehicle Year _____ Make: _____ Model: _____

I agree to abide by the rules and regulations of the Transfer Station.

Signature of Applicant

Date