



TOWN OF ROCKLAND

Board of Health

Town Hall
242 Union Street
Rockland, Massachusetts 02370

APPLICATION FOR TRASH HAULERS

Please provide the following documents:

- Completed application (Please print clearly)
- Certificate of Insurance
 - General Liability
 - Auto Coverage

Insurance rider must be addressed to:

The Town of Rockland BOH 242 Union St Rockland, MA. 02370

- List of residents or businesses serviced
- List of Vehicles & Registration
- Check made payable to the *Town of Rockland* in the appropriate amount

It is important the applicant provides the above required documents, completes **all** sections of application and signs, incomplete applications will be returned.

Any Company picking up before 7:00 AM will be subject to a fine. NO Exceptions

Thank you for your prompt attention to this matter. If you have any questions, please contact me at (781) 616-6815

Sincerely,

Delshaune R. Flipp
Administrative Assistant



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TRASH HAULERS APPLICATION

Date: _____ NEW: _____ RENEWAL: _____

FID # _____

Name: «COMPANY» Tele: _____

Address: _____

Business Address: _____

Mailing Address: _____

Email Address: _____

Vehicle Type: _____ License Plate: _____ State _____

Disposal Site: _____

List of Customers with Address & Telephone

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

****NO DUMPSTER PICK UP BEFORE 7:00 AM****

**** NO HAZARDOUS MATERIALS ARE TO BE PICKED UP****

**** NO RESIDENTIAL CURBSIDE PICK UP – PROPERTY MUST HAVE DUMPSTER****

\$ 125.00 PER PERMIT

Trash Hauler Permit - Business _____

Trash Hauler Permit – Residential _____
(No Curbside Pick-up)

Applicant's Signature _____