

**TOWN OF TRURO  
BOARD OF HEALTH  
APPLICATION FOR A REFUSE HAULER PERMIT**

Fees due upon approval: **\$50**

Renewal  New

**In accordance with MGL c.111, Section 31, and 31A and Section V, Article 5 of the Truro Board of Health Regulations, the undersigned makes an application to the Board of Health or approving authority for permission to remove and transport solid waste through the streets of Truro.**

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Emergency 24 Hr. # \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Services offered: Please circle all that apply.**

1. Weekly Residential Pickup    2. One Time Residential Pickups    3. Cleanouts    4. Commercial Pickup  
5. Dumpsters

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**Vehicles used for disposal and transport of refuse:**

Make/Model/Year: \_\_\_\_\_ Load Capacity: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Make/Model/Year: \_\_\_\_\_ Load Capacity: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Make/Model/Year: \_\_\_\_\_ Load Capacity: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Name of Vehicle Operators:

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

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List all current hauler permits held in other Towns:

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

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**CERTIFICATION**

*I certify that the information I have provided is true and accurate. I fully understand that granting of the annual Refuse Hauler Permit is contingent upon my adherence to all applicable State laws and local regulations governing the transport and disposal of solid waste (refuse). Failure to comply may result in the suspension or revocation of my annual permit to operate and any other legal action deemed appropriate by the Town of Truro.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date