



# TOWN OF TRURO

P.O. Box 2030, Truro MA 02666  
Tel: 508-349-7004 Fax: 508-349-5505

## Truro Board of Health

### Septage Haulers Permit License Application Form

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Installer's Signature

---

\_\_\_\_\_  
Date of Issue

\_\_\_\_\_  
Septage Hauler Permit Number

\_\_\_\_\_  
Certificate of Insurance on File

\_\_\_\_\_  
Payment Received

\_\_\_\_\_  
Cert. of Ins. Expiration Date

\_\_\_\_\_  
Check #/Cash