



TOWN OF EASTHAM

BOARD OF HEALTH

2500 State Highway, Eastham, MA 02642

508-240-5900

Fax 508-240-5908

Email: health@eastham-ma.gov

PLEASE MAKE ANY CORRECTIONS TO THE AUTOFILLED APPLICATION ATTACHED.

THE FOLLOWING IS REQUIRED BEFORE THE APPLICATION AND FEE WILL BE ACCEPTED. NO EXCEPTIONS.

- Certificate of Worker's Compensation Insurance (see attached)**
- Certificate of Liability Insurance**



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FOR BOARD OF HEALTH USE ONLY

Date Rec'd: _____ **\$100.00**
Payment Type: _____
 Certificate of Worker's Comp
 Certificate of Liability Insurance
Reviewed By: _____
 OK Hold _____
REFUSE# _____

APPLICATION FOR REFUSE HAULER FOR THE REMOVAL OF GARBAGE

Renewal *New _____ *New installers must meet with the Health Agent.

Company Name:

Company Address:

Company Mailing Address:

Company Phone #:

Applicant Name:

Applicant Address:

Applicant Mailing Address:

Applicant Phone #:

Cell Phone #:

Email Address:

List ALL vehicles used in the transportation and disposal of refuse:

VEHICLE REGISTRATION #

Pursuant to MGL Chapter 62C, section 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid states taxes required by law.

Signature of Applicant _____

Date _____

Social Security # or Federal ID: _____