



CURBSIDE PICKUP EXEMPTION APPLICATION

SECTION I – To be completed by Applicant

FEE: \$0.00

DUE BY

Applicant Name: _____

Email Address: _____

Applicant Address: _____

Property Owner: _____

Rubbish Co: _____

Rubbish CoAddress: _____

Section II

Do you wish to be exempted from the mandatory pay as you throw program & only be billed for the capping of the Newman Avenue Landfill fee?

Yes No (please check the appropriate box) _____ please initial

By choosing “YES” means you will receive an annual disposal bill for the landfill capping portion only – you will no longer be required to provide you annual disposal bill to the Board of Health. You are also agreeing you will not use any of the Town’s Services for trash removal including, recycling and the TRANSFER station

Applicant’s Certification Signature: _____

Phone No: _____

Date: _____