# TOWN OF SEEKONK

## APPLICATION FOR PORTABLE RESTROOMS

**FEE: $10.00 PER UNIT** NO. OF UNITS _____

_____ _____
NAME OF BUSINESS ADDRESS OF BUSINESS

_____
EMAIL ADDRESS

_____
TELEPHONE NUMBER OF BUSINESS

_____
NAME OF PROPERTY OWNER WHERE PORTABLE RESTROOM WILL BE USED

_____
ADDRESS (INCLUDING PROPERTY #) WHERE PERMIT WILL BE USED

_____
DATE(S) WHEN RESTROOM(S) WILL BE DELIVERED

_____
DATE WHEN RESTROOM(S) WILL BE PICKED UP

_____ _____
SIGNATURE OF AUTHORIZED INDIVIDUAL TITLE

Pursuant to M.G.L. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and all state taxes required under law.

| | |
|---|---|
| _____ | _____ |
| Social Security Number or | Signature of Individual or Corporate Name |
| Federal Identification Number | By:_____ |
| | Signature of Corporate Officer (if applicable) |