



**BOARD OF HEALTH
TOWN OF SEEKONK
MASSACHUSETTS**

APPLICATION FOR TRANSPORTATION OF SEPTAGE

License will expire December 31,____

\$25.00 Per Truck

The undersigned hereby applies for a license in accordance with the provisions of the statues relating thereto:

Name of person applying

Name of firm or corporation

Email Address:

Address of firm or corporation

Telephone number of business

SITE OF DISPOSAL

Truck #1 Registration Number _____ State _____

Vehicle Identification Number _____

Truck #2 Registration Number _____ State _____

Vehicle Identification Number _____

Truck #3 Registration Number _____ State _____

Vehicle Identification Number _____

Truck #4 Registration Number _____ State _____

**PLEASE COMPLETE THE FRONT AND BACK OF THE
APPLICATION**

Vehicle Identification Number _____

Signature of Authorized Individual _____

Title

Home Address

Home Telephone Number

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.

Security Number or
Federal Identification Number

Signature of Individual or Corporate
Name

Signature Corporate Officer
(if applicable)

THIS APPLICATION IS TO BE RETURNED TO THE BOARD OF HEALTH OFFICE
PRIOR TO TRUCK(S) ARE INSPECTED AND APPROVAL NOTED BELOW BY
THE HEALTH AGENT

Truck Inspected by (Signature of Inspector)

Date

TO BE FILLED IN BY BOARD OF HEALTH

Date Received: _____ License Number Issued _____

Action Taken: _____ _____ _____
 Approved Denied Tabled