

# Town of Seekonk – Board of Health

Temporary Dumpster \$25.00

Expires: 30 Days from issue



<b>Applicant Information:</b>	
Name:	
Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Email:	

<b>Dumpster Information :</b>	
Dumpster Service Company :	
Size of Dumpster:	

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

I understand that the issuance of the Permit to Maintain a Dumpster requires that the dumpster must be properly maintained at all times in accordance with the Seekonk Board of Health Regulations 9.0.0. Failure to fully comply will result in fines of \$50.00 per day. The Seekonk Board of Health Regulations require that dumpsters be closed at all times and be placed on an impermeable surface. All dumpsters must be kept in sanitary conditions and not be placed on a public way.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Use Only

Approved:

\_\_\_\_\_  
Health Agent – Seekonk Board of Health