



**TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT**

Fee: \$25.00

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583
www.west-springfield.ma.us

Septage Hauler Permit Application

Company Name: _____

Company Address: _____

Company Phone: _____ Fax: _____

Company Email (if applicable): _____

Type and size of truck(s): _____

Disposal location(s): _____

Applicant's Name (print): _____

Applicant's Signature: _____

Date of Application: _____

For Health Department Use

Application Approved: **YES** or **NO** Date: _____

Approving Authority Signature: _____

Permit Number: _____