



# TOWN OF WEST SPRINGFIELD

## HEALTH DEPARTMENT

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

### **TRASH HAULER PERMIT APPLICATION**

Date: \_\_\_\_\_

Permit Fee: \$100 per vehicle

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Number of permits requested: \_\_\_\_\_

VEHICLE TYPE

CAPACITY

PLATE #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach list of additional trucks if necessary)

Years company has been in business: \_\_\_\_\_

Three business references (include name, address, telephone number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 5. **Recycling Plan must be attached** (see Attachment A)

The undersigned hereby agrees to comply with all the Laws, Rules, and Regulations of the Commonwealth of Massachusetts and the Ordinances of the Town and West Springfield Board of Health Rules and Regulations governing the removal, transport, and disposal of refuse and recyclable materials, and is aware that failure to comply with said laws, rules, and regulations could result in suspension or revocation of permits herewith applied for. In addition, the undersigned agrees to comply with the terms of the accepted Recycling Plan submitted as part of this Permit application. Any substantial changes must be immediately reported to the Health Department; these changes may be the basis for action against the Permit if so deemed by the Board of Health.

\_\_\_\_\_  
Signature of Owner or Company Official

\_\_\_\_\_  
Social Security or Federal ID #

\_\_\_\_\_  
Print Name and Title