



BOARD OF HEALTH

CHARLES E. SHEPARD MUNICIPAL BUILDING

48 High Street • P.O. Box 478 • Warren MA 01083-0609 • Tel. 413- 436-5701 ext:112 • Fax 413- 436-9754

RENEWAL

CURRENT PERMIT EXPIRES 6/30/2024

Trash Hauler Application

Fee: \$300.00 payable to the Town of Warren

Due: 6/1/2024

Date _____

Company _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Telephone _____ Email _____

Fax Number _____

Hours of Operation _____

1. What type of containers or stickers have you given your residential customers for recycling, and how many?

2. Single price for trash and recycling is required in town. What percentage of your residential customers have recycling bins which are out and being serviced at least once a month?

3. What percentage of commercial customers have bins or dumpsters for recycling?

4. A **semi-annually** Hauler Reporting Form must be submitted to the Board of Health Office. One completed hauler report must be included with this application. See attached Hauler Regulations for reporting information.

5. Include certificates of insurance for public liability and property insurance with this form.



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6. Provide a list of the total number of residential, municipal, institutional, and commercial industrial customers with this application.
7. Attach a copy of the educational materials distributed annually to promote recycling and inform your customers about the Waste Ban Law and the proper disposal of items that are banned from the waste stream. See attached hauler regulations for information.

Number of vehicles to be used in the Town of Warren

Please List all vehicles and their Plate Numbers that will be hauling in the Town of Warren. Attach a separate sheet to this application if necessary.

Vehicle_____ Plate Number_____

Vehicle_____ Plate Number_____

Vehicle_____ Plate Number_____

Vehicle_____ Plate Number_____

To be completed by the Board of Health:

Permit #_____ **Year**_____ **Expires**_____

Paid_____ **Ck#**_____ **Cash**_____