



# TOWN OF DUXBURY

BOARD OF HEALTH  
TOWN OFFICES  
878 TREMONT STREET  
DUXBURY, MASSACHUSETTS 02332-4499

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Health Agent

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## APPLICATION FOR PORTABLE TOILET PERMIT

APPLICATION DATE: \_\_\_\_\_

FEE: \$15.00

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by:

Name \_\_\_\_\_  
(Full name of person, firm or corporation making application)

Address \_\_\_\_\_

Telephone \_\_\_\_\_

To use a portable toilet(s) for a construction site or a social function in the Town of Duxbury:

Location of site or function \_\_\_\_\_

Date(s) needed \_\_\_\_\_

Company transporting septage: (company MUST be licensed in the Town of Duxbury)

\_\_\_\_\_  
(name of company)

\_\_\_\_\_  
(street) (city/town) (state) (zip)

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant)

\_\_\_\_\_  
(Address)