

## **TOWN OF DUXBURY**

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

Telephone (781) 934-1100 Fax (781) 934-1118

## APPLICATION FOR PORTABLE TOILET PERMIT

APPLICATION DATE:		FEE: \$15.00	
To the Licensing A	Authorities:		
In accordance wi made by:	th the provisions of the Statutes	relating thereto, application	on for a Permit is hereby
Name	(Full name of person, firm o		
	(Full name of person, firm o	or corporation making application	1)
Address			
Telephone	·		
To use a portable	toilet(s) for a construction site or	a social function in the Tow	n of Duxbury:
Location of site or	r function		
Date(s) needed _			
	orting septage: (company MUST		
	(name of	company)	
(street)	(city/town)	(state)	(zip)
Telephone Numb	er:	_	
Signature of appl	icant)		
(Address)		_	

"The Mission of the Town of Duxbury is to deliver excellent services to the community in the most fiscally responsible and innovative manner while endeavoring to broaden our sense of community and preserve the unique character of our town."