



TOWN OF DUXBURY

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

Tracy L. Mayo R.S./R.E.H.S.
Health Agent

Telephone (781) 934-1100
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APPLICATION FOR PORTABLE TOILET PERMIT

APPLICATION DATE: _____

FEE: \$25.00

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 _____ Email _____

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)