



TOWN OF DUXBURY

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

Telephone (781) 934-1100

INDIVIDUAL PERMANENT DUMPSTER PERMIT

APPLICATION FEE IS \$30 PER DUMPSTER

Name of business: _____

Address: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Telephone:** _____

Name of Owner: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Telephone:** _____

Size of dumpster in cubic yards: _____

Location of dumpster: _____

On the back of this application, please sketch an outline of the property showing the locations of buildings and the location of the dumpster.

Businesses/individuals authorized to use dumpster:

Company servicing dumpster: _____

I have read the Duxbury Solid Waste Regulations. I understand their requirements and agree to abide by them. I understand that violation may be a basis for revocation of this permit.

Signature of Applicant: _____

Date: _____ **Email:** _____

"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."