



**TOWN OF EAST LONGMEADOW
HEALTH DEPARTMENT
60 CENTER SQUARE
EAST LONGMEADOW, MA 01028**

**APPLICATION FOR PERMIT TO REMOVE, TRANSPORT,
AND DISPOSE OF REFUSE IN EAST LONGMEADOW**

Date: _____

Fee \$250.00

Company Name		
Company Mailing Address & Phone		Phone
Contact Name, Phone & E-Mail Address		Phone
Number of Permits Requested		

Please list all vehicles and their plate numbers that will be hauling refuse in the Town of East Longmeadow

Vehicle Type: _____ Plate Number: _____

Vehicle Type: _____ Plate Number: _____

Vehicle Type: _____ Plate Number: _____

Vehicle Type: _____ Plate Number: _____

Vehicle Type: _____ Plate Number: _____

Vehicle Type: _____ Plate Number: _____

The undersigned hereby agrees to comply with all the Laws, Rules, Regulations of the Commonwealth of Massachusetts (MGL Ch. 111, Sec. 31A) and the Town of East Longmeadow governing the removal, transport, and disposal of refuse and is aware that failure to comply with said laws, rules, and regulations could result in suspension or revocation of refuse removal and transport disposal permits.

Signature of Owner or Designated Officer

BOARD OF HEALTH USE ONLY:

Date Received Received By Approved By Permit Number

**TOWN OF EAST LONGMEADOW
SOLID WASTE & RECYCLING REPORT FORM**
January 1st through December 31st

Hauler Name:
Address:
Contact Name:
Phone:
Fax:
Email:

In the space below, please provide the total number of East Longmeadow customers by category type:

CATEGORY	CUSTOMER COUNT
Residential Weekly	
Residential Bi-weekly	
Multi-family Housing Units	
Commercial	

Please provide a list of all Commercial locations where you collect Solid Waste only (no recycling):

Below please provide the tonnage collected for each category and the name of the approved processing facility:

	MSW	PAPER	CO-MINGLED	FOOD
TONNAGE				
FACILITY				

Please submit this form to the East Longmeadow Board of Health. Hauler permits will not be issued until this report is filed.

Board of Health

Date Received:	Received By:	Date Approved:
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