

# TOWN OF HAMILTON

*Commonwealth of Massachusetts*

FIRE DEPARTMENT - BUREAU OF FIRE PREVENTION

265 Bay Road Hamilton, MA 01982  
TELEPHONE 468-5558

## APPLICATION FOR PERMIT FOR RUBBISH CONTAINER

DATE \_\_\_\_\_  
TO: HEAD OF FIRE DEPARTMENT

HAMILTON  
(CITY OR TOWN)

START DATE \_\_\_\_\_ 19\_\_\_\_

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 148, MGL AS PROVIDED IN  
SEC: \_\_\_\_\_ APPLICATION IS HEREBY MADE BY \_\_\_\_\_

NAME: \_\_\_\_\_  
(FULL NAME OF PERSON, FIRM OR CORPORATION)

ADDRESS: \_\_\_\_\_  
(STREET OR P.O. BOX) (CITY OR TOWN)

STATE CLEARLY  
PURPOSE FOR  
WHICH PERMIT  
IS REQUESTED

FOR PERMISSION TO: \_\_\_\_\_

AT: \_\_\_\_\_

NAME OF COMPETENT OPERATOR: \_\_\_\_\_ CERT. NO \_\_\_\_\_

DATE ISSUED-REJECTED \_\_\_\_\_ BY \_\_\_\_\_  
(SIGNATURE OF APPLICANT)

DATE OF EXPIRATION: \_\_\_\_\_ FEES \_\_\_\_\_ PAID-DUE \_\_\_\_\_

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NAME: \_\_\_\_\_  
(FULL NAME OF PERSON, FIRM OR CORPORATION)

STATE CLEARLY  
PURPOSE FOR  
WHICH PERMIT  
IS REQUESTED

FOR PERMISSION TO: \_\_\_\_\_

SHALL COMPLY WITH 527 CMR 34.00

RESTRICTIONS: \_\_\_\_\_

AT: \_\_\_\_\_  
(STREET ADDRESS)

NAME OF COMPETENT OPERATOR: \_\_\_\_\_ CERT. NO \_\_\_\_\_

DATE ISSUED-REJECTED \_\_\_\_\_ BY \_\_\_\_\_  
(SIGNATURE OF OFFICIAL)

DATE OF EXPIRATION: \_\_\_\_\_ FEES \_\_\_\_\_ PAID-DUE \_\_\_\_\_