

TOWN OF HAMILTON
Commonwealth of Massachusetts
Fire Department – Bureau of Fire Prevention
265 Bay Road, Hamilton MA 01982
TELEPHONE: 978-468-5558

APPLICATION FOR A PERMIT FOR A RUBBISH CONTAINER

_____ Date

TO: HEAD OF FIRE DEPARTMENT

____ HAMILTON _____

START DATE: ____/____/____

IN ACCORDANCE WITH THE PROVISION OF CHAPTER 148, MGL, AS PROVIDED IN SECTION: _____, APPLICATION IS HEREBY MADE BY:

NAME: _____
(Full name of Person or Corporation)

ADDRESS: _____
(Street or PO Box – City or Town)

FOR PERMISSION TO: _____
STATE CLEARLY THE PURPOSE FOR WHICH THE PERMIT IS REQUESTED

AT: _____
(Street Address) (City or Town)

NAME OF COMPETENT OPERATOR: _____ **CERT. NO.:** _____

DATE ISSUED-REJECTED: _____ **BY:** _____
(Signature of Applicant)

DATE OF EXPIRATION: _____ **FEES:** _____ **PAID-DUE**

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APPLICATION FOR A PERMIT FOR A RUBBISH CONTAINER

_____ Date

____ HAMILTON _____

IN ACCORDANCE WITH THE PROVISION OF CHAPTER 148, MGL, AS PROVIDED IN SECTION: _____, APPLICATION IS HEREBY MADE BY:

NAME: _____
(Full name of Person or Corporation)

FOR PERMISSION TO: _____
STATE CLEARLY THE PURPOSE FOR WHICH THE PERMIT IS REQUESTED – SHALL COMPLY WITH 527 CMR 34.0

RESTRICTIONS: _____

AT: _____
(Street Address) (City or Town)

NAME OF COMPETENT OPERATOR: _____ **CERT. NO.:** _____

DATE ISSUED-REJECTED: _____ **BY:** _____
(Signature of Fire Official)

DATE OF EXPIRATION: _____ **FEES:** _____ **PAID-DUE**