

TOWN OF HAMILTON

<u>Commonwealth of Massachusetts</u>

<u>Fire Department – Bureau of Fire Prevention</u>

265 Bay Road, Hamilton MA 01982 TELEPHONE: 978-468-5558

TO: HEAD OF FIRE DEPARTMENT	//	APPLICATION FOR A PERMIT FOR A RUBBISH CONTAINER		
In accordance with the Provision of Chapter 148, MGL, as provided in Section:, Application is hereby made by: NAME:	TO: HEAD OF FIRE DEPARTMEN	<u>T</u>		
NAME:		START DATE:/		
(Full name of Person or Corporation) ADDRESS: (Street or PO Box – City or Town) STATE CLEARLY THE PURPOSE FOR WHICH THE PERMIT IS REQUESTED: FOR PERMISSION TO: AT: (Street Address) NAME OF COMPETENT OPERATOR: DATE ISSUED-REJECTED: (Signature of Applicant) (Signature of Fire Official)	In accordance with the Provision of Ch	napter 148, MGL, as provided in Section:	, Application is hereby made by:	
ADDRESS: (Street or PO Box – City or Town) STATE CLEARLY THE PURPOSE FOR WHICH THE PERMIT IS REQUESTED: FOR PERMISSION TO: AT: (Street Address) NAME OF COMPETENT OPERATOR: (Signature of Applicant) (Signature of Fire Official)	NAME:	PHONE #		
STATE CLEARLY THE PURPOSE FOR WHICH THE PERMIT IS REQUESTED: FOR PERMISSION TO: AT: (Street Address) NAME OF COMPETENT OPERATOR: (Signature of Applicant) (Signature of Fire Official)	(Full name of Person or Corporat	ion)		
STATE CLEARLY THE PURPOSE FOR WHICH THE PERMIT IS REQUESTED: FOR PERMISSION TO: AT: (Street Address) NAME OF COMPETENT OPERATOR: (Signature of Applicant) (Signature of Fire Official)	ADDRESS:			
FOR PERMISSION TO: AT:	(Street or PO Box – City or Tov	vn)		
AT:	STATE CLEARLY THE PURPOSE FOR WE	HICH THE PERMIT IS REQUESTED:		
AT:				
(Street Address) NAME OF COMPETENT OPERATOR:				
NAME OF COMPETENT OPERATOR: DATE ISSUED-REJECTED: BY: (Signature of Applicant) (Signature of Fire Official)	AT:		,HAMILTON, MA	
DATE ISSUED-REJECTED: BY: (Signature of Applicant) (Signature of Fire Official)	(Street Address)			
DATE OF EVOIDATION	NAME OF COMPETENT OPERATOR:		CERT. NO.:	
DATE OF EVOIDATION	DATE ISSUED-REJECTED:	ву:	<u>_</u>	
DATE OF EXPIRATION: FFFS:		(Signature of Applicant)	(Signature of Fire Official)	
	DATE OF EXPIRATION:	FEES:		