



# Hardwick Board of Health

PO Box 575, Gilbertville MA 01031

Telephone (413) 477-6197 x108

Fax (413) 477-6703

Email: [boh@townofhardwick.com](mailto:boh@townofhardwick.com)

## SEPTAGE HAULER'S PERMIT APPLICATION

1. Fill out the application and attach a check for \$100.00 made payable to the Town of Hardwick.
2. Mail to Board of Health, PO Box 575, Gilbertville MA 01031.
3. Fees are non-refundable.
4. **Proof of Worker's Compensation Insurance and Certificate of Liability Insurance **MUST** be provided before a Permit can be issued. If no coverage is required, a sworn affidavit must be submitted.**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Company Telephone: \_\_\_\_\_

If Corporation or Partnership, list Names, Title and Home Address of Officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identification Number(s) of Vehicle(s) or Combination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does hereby apply for a **SEPTAGE HAULER PERMIT** in the Town of Hardwick, subject to the Rules and Regulations of the Board of Health of the Town of Hardwick.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date