



TOWN OF RAYNHAM
Selectmen and Board of Health
558 South Main Street
Raynham, MA 02767
Tel: 508-824-2766
Fax: 508-824-1540

**APPLICATION FOR "DISPOSAL WORKS INSTALLER PERMIT"
TO CONSTRUCT, ALTER, INSTALL OR REPAIR**

FEE: \$150.00

COMPANY NAME: _____

COMPANY ADDRESS: _____

TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY PHONE NUMBER: _____

IF CORPORATION OR PARTNERSHIP, GIVE NAME, TITLE AND HOME ADDRESS OF OFFICERS OR PARTNERS:

Name	Title	Home Address
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Signature of Applicant: _____ **Date:** _____

Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security Number or Federal ID: _____

Signature of Individual or Corporate Name: _____

Please Note: SSN or FID numbers shall be redacted if this application is included in a FOI Request

*Three references required if new permit.