



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

Fee: \$250.00

**APPLICATION TO REMOVE, TRANSPORT AND DISPOSE OF GARBAGE,
 OFFAL OR OTHER OFFENSIVE SUBSTANCES**

Company Name: _____

Company Address: _____

Telephone Number: _____

E-Mail: _____

Mailing Address: _____

Emergency Contact Person: _____

Telephone Number: _____

List Vehicles: _____

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

Name	Title	Home Address
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Name	Title	Home Address
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Name	Title	Home Address
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TYPE OF PERMIT: _____

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

****New applications need three references from other towns.**