



# TOWN OF UPTON

## Board of Health Department

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*1 Main Street – mail slot 3, Upton, MA 01568*  
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### Dumpster Permit Application

Date:\_\_\_\_\_Application is for: ☐ Residential ☐ Commercial ☐ Municipal  
check one

Applicant/Business Name: \_\_\_\_\_

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

Day Time Telephone Number:\_\_\_\_\_Email:\_\_\_\_\_

Address where Dumpster is to be located:\_\_\_\_\_

Size of Dumpster:(yds. or cu. ft)\_\_\_\_\_Number of Dumpsters at location:\_\_\_\_\_

Company/Contractor supplying dumpster\_\_\_\_\_

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

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

Is this company/contractor also supplying service for the dumpster? ☐ yes ☐ No

If no, please provide the service providers name, address and telephone number:

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Date(s) requested for permit: Beginning\_\_\_\_\_Ending\_\_\_\_\_  
**(90 day limit for residential permits. Extensions require a written request)**

☐ I have attached a copy of the written agreement between user and contractor for the installation, maintenance and/or servicing of the dumpster

☐ I the above named applicant, have read the Upton Board of Health Dumpster regulations in its entirety and understand its contents.

Signature of Applicant:\_\_\_\_\_

**FEES: Commercial Permit** -\$50.00 per calendar year. **Residential Permit** - \$25.00 for 90 day period, \$50.00 for the first 90 day extension and \$100.00 for one additional 90 day period. **Municipal Permit** for town departments - No charge.

FEE RECEIVED:\_\_\_\_\_