

MILTON BOARD OF HEALTH *RUBBISH CONTRACTOR PERMIT*

Supplemental Information

To Remove or Transport Garbage, Offal, or Other Offensive Substances

DATE: _____

BUSINESS NAME: _____

NUMBER OF TRUCKS: _____

LICENSE PLATE NUMBERS: _____

CAPACITY OF TRUCKS: _____

IF APPLICABLE, LIST MILTON DUMPSTER CUSTOMERS:

NAME	ADDRESS	DUMPSTER CAPACITY	NO. OF DUMPSTERS
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

“I certify that the information I have provided is true and accurate.”

Signature of Applicant: _____