

## **TOWN OF WESTMINSTER**

## 11 South Street WESTMINSTER, MASSACHUSETTS 01473 (978) 874-7409 • Fax (978) 874-7462 BOARD OF HEALTH

(Please check one)
Construction Site
Social Function

**Permit Use:** 

## DOARD OF HEALTH

Portable Toilet Fee: \$10 per unit, per month (Permit valid up to three months. Permit must be renewed after three months if necessary.)

PORTABLE TOILET PERMIT APPLICATION

Applicant Name:			
PORTABLE TOILETS RENTA (Company MUST have a curi		ON: it with the Town of Westminster.)	
Company Name:			
Address			
Telephone No:	Email:		
Location of Portable Toilet(s)	:		
		Pickup Date:	
* Septage Hauler Permit #:			
* If Rental Company does not the Rental Company must sub		uler Permit on file with the Town of Westminster; cation and \$100 annual fee.	
Uses/rental of the unit(s) for m schedule be provided to the Bo		uire that a maintenance/cleaning/replacement on.	
Applicant's Signature:	licant's Signature: Date:		
	er of Toilets @ \$10 per uni ck or Money Order Payable to	t x Number of Months = \$ Town of Westminster)	
	Email to: boh@westmins	ster-ma.gov	
	For Of	ficial Use Only	
Maintenance/cleanin	g/replacement schedule atta	ached	