



TOWN OF OAKHAM

BOARD OF HEALTH

2 Coldbrook Road
Unit 8
Oakham, MA 01068
Tel: (508) 882-5549
Fax: (508) 882-3060

MEMBERS: Bernice Stone Leonard Bechan Aaron Langolis

APPLICATION FOR PERMIT TO REMOVE / TRANSPORT

REFUSE IN THE TOWN OF OAKHAM

Annual fees from Jan. 1st to Dec. 31 of current year.

Refuse hauling permit :\$100.00

Date of application: _____

Company Name: _____

Business Address: _____

Business Phone: _____

Mailing Address (if different): _____

Emergency contact person / phone: _____

Business Insurance Certificate (Attach copy)

Board of health use only:

Date rec. ___/___/___ Date Issued: ___/___/___ Check# _____

Additional information: _____
