



Fee: \$ 100

Check # _____

Permit # _____

VALID THRU December 31, 20____

TOWN OF OAKHAM – Board of Health

2 Coldbrook Road
Unit # 8
Oakham, MA 01068

Tel: 508-882-5549 Ext 320
Voicemail is only regularly checked during scheduled BOH meetings

Fax: 508-882-3060 – not monitored (except for during scheduled BOH meetings)

Email: *preferred communication*

BOH@Oakham-MA.gov

usually answered within 24-48 hours (weekdays)

Website: <http://oakham-ma.gov/boards/health.cfm>

APPLICATION FOR PERMIT TO REMOVE/ TRANSPORT REFUSE

Annual fees from January 1 to December 31 of current year.

Refuse Hauling Permit: \$100.00

Date: _____ NEW _____ or RENEWAL _____

Name of Installer: _____

Cell Phone # _____

Name of Company: _____

Mailing Address: _____

Email Address: _____

Company Phone # _____

Business Insurance Certificate (Attach copy)

Board of Health Use Only:

Date received: _____

Date Issued: _____

Approved by: _____