



MaryAnn O'Connor  
Director  
Board of Health

# City of Medford

## BOARD OF HEALTH

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Medford, Massachusetts 02155

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### Application for a Temporary Dumpster Permit for Trash Disposal

**Fee:** \$50.00 (Permit valid for 30 Days) Permit must be placed in window so it can be seen)

**Location Type:**     Residential                       Commercial                       Food Establishment

**Project Type:**         Demolition                       Renovation                       New Construction

Other \_\_\_\_\_

**Include:**                       Application & Application Fee of \$50.00         Copy of Building Permit (If applicable)

**Description of Work:** \_\_\_\_\_

**Dumpster Location:** \_\_\_\_\_

**Delivery Date of Dumpster:** \_\_\_\_\_ **Removal Date:** \_\_\_\_\_

**Property Owner:**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owner, Manager, or Agent responsible for the operation and contracting with rubbish hauler:**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Rubbish Hauler providing service:** (PLEASE MAKE SURE HAULER IS LICENSED IN THE CITY OF MEDFORD) ASK FOR LIST

**Hauler Company:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Dumpster Size ( In Cubic Feet ) :** \_\_\_\_\_ **How many times a week is it emptied:** \_\_\_\_\_

**What days is it emptied:** \_\_\_\_\_ **Dumpster site is enclosed:**     Yes     No

I will maintain the dumpster in compliance with all regulations, and in a clean and sanitary manner.  
Signed under the pains & penalties of perjury.

**Signature of Owner, Manager, or Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_