

**TOWN OF MIDDLEBOROUGH**  
**BOARD OF HEALTH**

*To the Board of Health of the Town of Middleborough:*

*Application is hereby made for a permit to: COLLECT/TRANSPORT RUBBISH*

\_\_\_\_\_  
*Name of Applicant*

\_\_\_\_\_  
*Type of Facility*

\_\_\_\_\_  
*No. Street Town Zip Code*

*Telephone Number: \_\_\_\_\_*

*If applicant is a partnership, full name and residence of all partners:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If applicant is a corporation, full name and address of:*

*President: \_\_\_\_\_*

*Treasurer: \_\_\_\_\_*

*Clerk: \_\_\_\_\_*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*