



CITY OF MARLBOROUGH

BOARD OF HEALTH

140 Main Street, Lower Level
Marlborough, Massachusetts 01752
Facsimile (508) 460-3625 TDD (508) 460-3610

James Griffin, Chairman
John Curran, MD, Vice Chairman
Robin Williams, Member
Tel (508) 460-3751

APPLICATION FOR TRANSPORTATION OFFAL / SOLID WASTE

Fee: \$125.00 per truck

**FILL IN ONLINE, PRINT, SIGN AND SEND WITH APPLICABLE FEES AND
REQUIRED PAPERWORK**

BUSINESS NAME: _____

STREET ADDRESS: _____

TOWN/STATE/ZIP CODE: _____

BUSINESS PHONE: a _____

EMAIL: _____

**Please provide the following information along with the completed application for
offal/solid waste permit:**

NUMBER OF VEHICLES PERMITTED WITHIN THE LIMITS OF MARLBOROUGH,
MA: _____

TRUCK NUMBER _____ DOT Inspection # _____

___ Copy of state registration for each vehicle

___ Copy of vehicle insurance policy

___ Copy of liability insurance

___ Listing of drivers routes

___ Workers compensation affidavit (enclosed)

___ Fee of \$125.00 per vehicle

Once this application has been received, reviewed and approved by the Marlborough health department, a sticker for each vehicle will be issued. This permit is valid from April 1 through March 31 each year. You are responsible for reapplying for annual permits prior to expiration each year. Violation of any of the terms of this permit and any applicable laws or regulations may result in legal action.

SIGNATURE

DATE