

TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583

TRASH HAULER PERMIT APPLICATION

Date: _____

Permit Fee: \$100 per vehicle

Company: _____

Contact Person: _____

Address: _____

Telephone _____ Fax: _____

Email: _____

Number of permits requested: _____

VEHICLE TYPE

CAPACITY

PLATE #

(Attach list of additional trucks if necessary)

Years company has been in business: _____

Three business references (include name, address, telephone number):

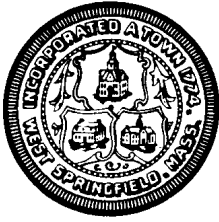
5. **Recycling Plan must be attached** (see Attachment A)

The undersigned hereby agrees to comply with all the Laws, Rules, and Regulations of the Commonwealth of Massachusetts and the Ordinances of the Town and West Springfield Board of Health Rules and Regulations governing the removal, transport, and disposal of refuse and recyclable materials, and is aware that failure to comply with said laws, rules, and regulations could result in suspension or revocation of permits herewith applied for. In addition, the undersigned agrees to comply with the terms of the accepted Recycling Plan submitted as part of this Permit application. Any substantial changes must be immediately reported to the Health Department; these changes may be the basis for action against the Permit if so deemed by the Board of Health.

Signature of Owner or Company Official

Social Security or Federal ID #

Print Name and Title



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Attachment A: RECYCLING PLAN

Date: _____

Company: _____ Contact Person: _____

Address: _____

Telephone: _____ Fax:: _____

Email: _____

1. We offer recycling services for the following materials:

A. Paper:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Junk Mail |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Phone Books |
| <input type="checkbox"/> Catalogues | <input type="checkbox"/> Corrugated Cardboard |
| <input type="checkbox"/> Box board | <input type="checkbox"/> Other: _____ |

B. Containers:

- | | |
|---|---|
| <input type="checkbox"/> Glass bottles/jars | <input type="checkbox"/> Aseptic milk & juice cartons |
| <input type="checkbox"/> Aluminum cans | <input type="checkbox"/> Tin Cans |
| <input type="checkbox"/> Plastics: narrow-necked containers | |
| <input type="checkbox"/> Plastics: wide-mouth tubs | |
| <input type="checkbox"/> Plastics: expanded foam (#6) | |

C. Additional items:

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bulky Waste | <input type="checkbox"/> Tires | <input type="checkbox"/> Yard Waste |
| <input type="checkbox"/> Electronics (CRTs) | <input type="checkbox"/> Fluorescents | <input type="checkbox"/> C&D |
| <input type="checkbox"/> Textiles | | |

D. Other: (please list)

2. Frequency of collection of recyclables: (check appropriate boxes)

| Frequency | Residential | Commercial |
|--|-------------|------------|
| Weekly | | |
| Bi-Weekly | | |
| Alternate Weeks (paper and containers) | | |
| Other | | |

3. Destination of recyclables: _____
(By category)

4. Please describe your equipment, fleet, and other support services for recycling:

5. Please describe your method for notifying customers of improper recycling separation:

6. Please attach a copy of the educational material to be distributed to your customers.

7. Would you like to be named by the Town as a “Designated Hauler” to the Springfield MRF?

_____Yes

_____No

_____Tell me more about this