

TOWN OF FRANKLIN
BOARD OF HEALTH

Bruce J. Hunchard, Chairman
Dr. Mario DeBaggis, V. Chairman
Dr. Darrolyn Lindsey, Member
David E. McKearney, R.S., Health Agent/Director

Municipal Building
355 East Central Street
Franklin, MA 02038
(508) 520- 4905

**APPLICATION FOR REMOVAL OF GARBAGE OFFAL
OR OTHER OFFENSIVE SUBSTANCES**
Chapter III, Section 31A, of the General Laws

To: Franklin Board of Health

Name of Applicant: _____ Tel: _____

Address of Applicant _____

Street

City or Town

Zip Code

I hereby make application to the Franklin Board of Health for the Removal of, and Transport of, within the limits of the Town of Franklin.

GARBAGE	RUBBISH	CESSPOOL PRIVIES SEPTIC CONTENTS TANK	MANURE OTHER

EQUIPMENT: Type of Truck _____
Capacity _____ Gallons _____ YARDS _____
Inspected by Board of Health YES _____ NO _____
Date of Inspection _____

DISPOSAL AREA

Private _____
Has the site been approved by Local Authorities? _____
Name of Town and Location: _____
State what _____ Sewage _____ Rubbish _____ OTHER _____
Town Owned _____
Has permission been approved by Local Authorities? _____
Name of Town and Location: _____
State what _____ Sewage _____ Rubbish _____ OTHER _____

Sewage – Estimate Gallons per year _____
Rubbish – Estimate Tons or Yards per year _____
Other – Estimate _____

Date _____ Signature of Applicant _____