

PORTABLE TOILET PERMIT

The Commonwealth of Massachusetts
Town of Pembroke

APPLICATION FOR PERMIT

Permit No.: _____

Application Date: _____

Date Permit Issued: _____

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Name: _____
(Full name of person, firm or corporation making application)

Address: _____

Telephone: _____

to **use a portable toilet(s) for a construction site or a social function** in the Town of Pembroke.

Location of site or function: _____

Date(s) needed: _____

Company transporting septage: (company **MUST** be licensed in the Town of Pembroke)

(name of company)

(street) (city/town) (state) (zip)

(area code) (telephone number)

(Signature of applicant)

(Address)

(Telephone)