



## **TOWN of MEDFIELD**

### **Application to Remove, Transport and Dispose of OFFAL or other offensive Substances**

In accordance with MGL, Chapter 111, Section 31A

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

**Fee:** \$ 100.00 per vehicle

**Contractor** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**No. of Bulker Vehicles** \_\_\_\_\_

**Vehicle Registration Numbers:** \_\_\_\_\_ (attach sheet if necessary)

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**Pickup Name/Location(s):** \_\_\_\_\_ ( attach sheet if necessary )

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**Permit No.:** OF20

**Date Received:**

**Fee Paid:** \$

**Expiration:** December 31<sup>st</sup> of the calendar year granted

**APPROVED BY:**

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\_\_\_\_\_, Health Agent