



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)

_____	_____
_____	_____
_____	_____
_____	_____

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

Permit No.: OF20 -

Date Received:

Fee Paid: \$

Expiration: December 31st of the calendar year granted

APPROVED BY:

_____, Health Agent