



TOWN OF LUDLOW

HEALTH DEPARTMENT

488 Chapin Street
Ludlow, MA 01056
(413) 583-5600 ext. 1271 TEL
(413) 583-5689 FAX



Application for Dumpster Permit

Fee: \$40.00 per each dumpster

Address of Dumpster(s): _____ Number of Dumpsters: _____

Owner of Property: _____ Owner's Address: _____

Phone Number: _____ E-mail Address: _____

Total Fee: _____

Please sketch an outline of the property showing the proposed location the dumpster(s). Be sure to include the distance from the dumpster to other buildings and lot lines/boundaries.

I hereby certify that I am an owner or officer of the above property or Business and all of the information provided is true. I agree to comply with all applicable rules and regulations. I agree to allow the Health Department or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Name: _____ Signature: _____

Date: _____

*****Any renewal applications received after December 31st will be subject to a 50% late fee.**