



TOWN OF DOVER
BOARD OF HEALTH
5 Springdale Avenue
P.O. Box 250
Dover, MA 02030

Office: 508-785-0032, Ext. 232
Fax: 508-785-8114
Email: boh@doverma.gov

APPLICATION FOR SEPTIC HAULER AND INSTALLER PERMIT

Permit Number: _____

Date: _____

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

Name of Company: _____

Name of Company Owner/President: _____

Company Mailing Address: _____

Company Phone Number: _____

Company FAX Number: _____

Company Email: _____

By submitting this form, the applicant(s) confirms that he/she has read the attached material and agrees to comply with the Board of Health's policies and requirements.

Print Name of Person Requesting Permit	Permit Type	Permit No.
_____	Hauler _____ Installer _____	_____
_____	Hauler _____ Installer _____	_____
_____	Hauler _____ Installer _____	_____
_____	Hauler _____ Installer _____	_____

Hauler Vehicle License Number

