



Town of Ashland, *Board of Health*

Septic Hauler's Permit Application

Fee: \$158.00 Payment is due with application

Date: _____

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

Name: _____

Company Name: _____

Address: _____

Town: _____

Telephone Number: () _____

Email Address: _____

To pump sewage within the Town of Ashland for the year 2021.

List of references of three (3) active municipalities:

Pursuant to M.G. Ch. 62, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and paid all State and local taxes.

Applicant's Signature