



TOWN OF MENDON

BOARD OF HEALTH

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

TEMPORARY DUMPSTER PERMIT APPLICATION

Property Address: _____ - MENDON, MA 01756

✓	CATEGORY (Please Check One)	Permit Fee
	Temporary Dumpster for Initial 60 Days	\$25.00
	Temporary Dumpster from Mendon Licensed Trash Hauler for Initial 60 Days	No Charge
	Temporary Dumpster Extension for Additional 30 Days	\$25.00
	Temporary Dumpster Extension from Mendon Licensed Trash Hauler for Add'l 30 Days	No Charge

Applicant Name: _____

Mailing Address: _____
(If Different from Property Address)

Phone Number: _____ Email Address: _____

Temporary Dumpster Use: ☐ Residential Use ☐ Commercial Use

Date(s) Requested for Permit: Beginning On _____ Ending On _____
(60 Day Limit for Residential Permits. All Extensions Require Board of Health Approval)

Purpose of Use: _____

Temporary Dumpster Capacity/Size: _____ # of Dumpsters at Location: _____

Trash Company Supplying Dumpster: _____

Is this company/contractor also supplying service for the dumpster? ☐ YES ☐ NO*

If no, please provide the service providers name, address and telephone number:

☐ I have attached a copy of the written agreement between user and contractor for the installation, maintenance and/or servicing of the dumpster.

☐ I, the above-named applicant, have read the [Mendon Board of Health Dumpster Regulations](#) in its entirety and understand its contents.

Signature of Applicant: _____ Date: _____

BOARD OF HEALTH OFFICE USE ONLY

APPLICATION APPROVED: ☐ YES ☐ NO

NOTES: _____

Signature of Board of Health Member

Date