



Town of Rowley
Board of Health

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Center School Municipal Annex
39 Central Street, P.O. Box 783
Rowley, Massachusetts 01969

Annual Dumpster Permit

Name of business establishment: _____ Date: _____

Address of business establishment: _____

Phone: _____ Fax: _____ Mobile: _____

E-mail Address: _____

Business mailing address: _____

Business establishment owner name: _____

Applicant name (if different): _____

Number of dumpsters at location: _____ Frequency of Dumpster Emptying: _____

Describe Location of dumpster(s) on property: _____

Dumpster service company: _____

Address: _____

Phone: _____

Requirements related to the granting, conditioning, and processing of this application:

1. Permit Fee: \$50.00, Payable to the Town of Rowley (**Renewable annually January 1**).

I certify that the information I have provided above is true and accurate. I agree to conduct my business in accordance with the rules, regulations, and/or special condition(s) imposed by the Rowley Board of Health.

Signature

Date

**DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY BOARD OF HEALTH**

☐ GRANTED: _____ Date: _____

☐ DENIED: _____ Reason: _____