



TOWN OF HAMILTON
Commonwealth of Massachusetts
Fire Department – Bureau of Fire Prevention
265 Bay Road, Hamilton MA 01982
TELEPHONE: 978-468-5558

____/____/____
Date

APPLICATION FOR A PERMIT FOR A RUBBISH CONTAINER

TO: HEAD OF FIRE DEPARTMENT

____ **HAMILTON** ____
(City or Town)

START DATE: ____/____/____

In accordance with the Provision of Chapter 148, MGL, as provided in Section:____, Application is hereby made by:

NAME: _____ **PHONE #** _____
(Full name of Person or Corporation)

ADDRESS: _____
(Street or PO Box – City or Town)

STATE CLEARLY THE PURPOSE FOR WHICH THE PERMIT IS REQUESTED:

FOR PERMISSION TO:

AT: _____, HAMILTON, MA
(Street Address)

NAME OF COMPETENT OPERATOR: _____ **CERT. NO.:** _____

DATE ISSUED-REJECTED: _____ **BY:** _____
(Signature of Applicant) (Signature of Fire Official)

DATE OF EXPIRATION: _____ **FEES:** _____
