



Town of Hingham

Department of Health

RTD

Application for Permit to Remove, Transport and Dispose of Septic Waste

To The Licensing Authorities:

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

Name of Individual _____

Name of Company _____

Street Address _____

City, State & Zip Code _____

Telephone: _____

FEE - \$100 per vehicle

One Application per Vehicle

Copy of Registration Required

Signature

Date