



Town of Reading
16 Lowell Street
Reading, MA 01867-2683

Reading Health Division
Phone: (781) 942-9061
Fax: (781) 942-9071
Website: www.ci.reading.ma.us

APPLICATION FOR TEMPORARY DUMPSTER

(Not to exceed three months duration from date of application)

\$50 FEE (Cash or Check payable to Town of Reading)

In accordance with the provisions of the regulations promulgated under the authority granted to the Board of Health by Chapter III, Section 4 of the General Laws and amendments, application for registration is hereby made to the Board of Health, Town of Reading, Regulation Section 4.10:

Owner/Agent's Name _____

Owner/Agent's Address _____

Owner/Agent's Phone Number _____

Address where dumpster is located: _____

Purpose of Dumpster: Building Permit Demolition Cleanup

Signature _____ Date _____

Note: All dumpsters must be clearly marked with the name and telephone number of the waste management company. Any dumpster declared unsafe by the Federal Consumer Product Safety Commission shall not be used.