



ACTON BOARD OF HEALTH

Doug Halley
Health Director

472 Main Street
Acton, MA 01720

Telephone 978-264-9634
Fax 978-264-9630

Application For Septage Hauler's License Renewal

FEE: \$120.00 Per Year

NAME OF FIRM: _____

ADDRESS: _____

PHONE #: _____

PROPRIETOR(S)/CORPORATE OFFICERS/PARTNERS:

Pursuant to Mass. General Law Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or
Federal Identification

Signature of Individual
or Corporate Name

By: _____
Corporate Officer
(if applicable)