

TOWN OF WARE
BOARD OF HEALTH
TOWN HALL, 126 MAIN STREET
WARE, MA 01082

TEL. # (413) 967-9615
FAX. #(413) 967-9646

TOWN OF WARE - REGISTRATION FORM
FOR TRANSPORTATION OF SOLID WASTE,
NOT COLLECTED IN WARE, THROUGH WARE

Pursuant to G.L.c.111 §31A and the regulations of the Ware Board of Health, the undersigned hereby registers to transport solid waste, not collected in Ware, through Ware.

REGISTRANT: _____

REGISTRANT IS: _____ OWNER _____ LESSEE _____ OPERATOR

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE #: _____

DISPOSAL DESTINATION: _____

APPROXIMATELY, HOW MANY TRASH TRUCK TRIPS PER WEEK THROUGH WARE? _____

TOTAL NUMBER OF TRASH TRUCKS SUBJECT TO THIS REGISTRATION: _____

The following to be Completed for Each Trash Truck:

Trash Truck #1

Registrant: _____
Owner: _____
Insurer: _____
License Plate #: _____
State of Registration: _____
Make: _____
Model: _____
Year: _____
Color: _____

For Board of Health Use:

Issued Registration Sticker No. _____
Expires: 12/31/_____

Trash Truck #2

Registrant: _____
Owner: _____
Insurer: _____
License Plate #: _____
State of Registration: _____
Make: _____
Model: _____
Year: _____
Color: _____

For Board of Health Use:

Issued Registration Sticker No. _____
Expires: 12/31/_____

Trash Truck #3

Registrant: _____
Owner: _____
Insurer: _____
License Plate #: _____
State of Registration: _____
Make: _____
Model: _____
Year: _____
Color: _____

For Board of Health Use:

Issued Registration Sticker No. _____
Expires: 12/31/_____

Trash Truck #4

Registrant: _____
Owner: _____
Insurer: _____
License Plate #: _____
State of Registration: _____
Make: _____
Model: _____
Year: _____
Color: _____

For Board of Health Use:

Issued Registration Sticker No. _____
Expires: 12/31/_____

For Additional Trash Trucks, Attach Additional Trash Truck Page(s).

\$_____ Fee for Registration

\$_____ Annual Fee for Renewal of Registration

\$_____ Annual Fee Per Trash Truck for Registration Sticker

Checks Payable to: Town of Ware

NOTE: REGISTRATION EXPIRES ON DECEMBER 31ST OF THE YEAR ISSUED UNLESS RENEWED. TRASH TRUCK REGISTRATION STICKERS EXPIRE ON DECEMBER 31ST OF THE YEAR ISSUED. TRASH TRUCK REGISTRATION STICKERS MUST BE RENEWED ANNUALLY.

Registrant acknowledges receipt of a copy of the "Town of Ware Board of Health Regulations Governing Transportation of Solid Waste, Not Collected in Ware, Through the Town of Ware" and acknowledges his/her obligation to provide a copy of those regulations and the registration to all operators of his/her registered trash trucks.

Signature of REGISTRANT Date Address

BOARD OF HEALTH USE ONLY

Registration Filed with and Accepted by Ware Board of Health

Registration Fee Paid \$_____

Registration Sticker Fees Paid \$_____

(\$_____ per trash truck)

WARE BOARD OF HEALTH

BY: _____

DATE: _____

RENEWAL

Registration renewed on _____

Registration Renewal Fee Paid \$_____

Annual Registration Sticker Fees Paid \$_____

(\$_____ per trash truck)

WARE BOARD OF HEALTH

BY: _____

DATE: _____

Complete the following for Additional Trash Trucks

Trash Truck # _____

Registrant: _____
Owner: _____
Insurer: _____
License Plate #: _____
State of Registration: _____
Make: _____
Model: _____
Year: _____
Color: _____

For Board of Health Use:

Issued Registration Sticker No. _____
Expires: 12/31/_____

Trash Truck # _____

Registrant: _____
Owner: _____
Insurer: _____
License Plate #: _____
State of Registration: _____
Make: _____
Model: _____
Year: _____
Color: _____

For Board of Health Use:

Issued Registration Sticker No. _____
Expires: 12/31/_____

Trash Truck # _____

Registrant: _____
Owner: _____
Insurer: _____
License Plate #: _____
State of Registration: _____
Make: _____
Model: _____
Year: _____
Color: _____

For Board of Health Use:

Issued Registration Sticker No. _____
Expires: 12/31/_____

Trash Truck # _____

Registrant: _____
Owner: _____
Insurer: _____
License Plate #: _____
State of Registration: _____
Make: _____
Model: _____
Year: _____
Color: _____

For Board of Health Use:

Issued Registration Sticker No. _____
Expires: 12/31/_____

