

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 31<sup>ST</sup> OF THE YEAR ISSUED UNLESS RENEWED. TRASH TRUCK REGISTRATION STICKERS EXPIRE ON DECEMBER 31<sup>ST</sup> 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

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**BOARD OF HEALTH USE ONLY**

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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: \_\_\_\_\_

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**RENEWAL**

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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/\_\_\_\_\_

